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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. MCCLINTOCK).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
May 3, 2011.

I hereby appoint the Honorable TOM MCCLINTOCK to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 5, 2011, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 11:50 a.m.

CONSTITUTIONAL FUNDAMENTALISM

The SPEAKER pro tempore. The Chair recognizes the gentleman from Illinois (Mr. QUIGLEY) for 5 minutes.

Mr. QUIGLEY. On the first day of this Congress, Members took turns reading the Constitution aloud on the floor of this House. It was a worthwhile exercise.

However, some parts were omitted. There was no recital of the Amendment that established prohibition or the clause requiring fugitive slaves to be returned to their owners, or the one equating slaves with three-fifths of a

human being. I guess nobody wanted to be the one who was stuck reading those parts, and I can understand that.

But it got me thinking that, lately, there has been a lot of talk about the Constitution, and that's a good thing. The Constitution is our national charter. It protects our basic freedoms, it grants power to the government, and puts limits on those powers.

All of us in this body took an oath to support it. We should talk a lot about the Constitution, but we should talk about it the right way. Some of my colleagues here seem to think that all we have to do is read the Constitution together and we will all see the light; that the little words on the page will answer all of our questions. For them, the Framers had all the answers. I guess that's the real reason they didn't want to read the embarrassing parts out loud on the House floor.

To do that would be to admit that the Framers got some things wrong, that their document was a first draft of liberty, a blueprint for justice, not the last word.

Some call this way of thinking constitutional fundamentalism. When it comes to the Constitution, fundamentalism is misguided. Let me explain why.

No one doubts that some parts of the Constitution are meant to be read literally and rigidly: every State gets two Senators. You have to be at least 25 years old to be elected to Congress. Cut and dried.

But in many of the most important passages of the Constitution, the Framers deliberately used broad, open-ended language because they wanted their words to be read flexibly as times changed. Freedom of speech, due process of law—these terms don't define themselves.

The Fourth Amendment protects the right of people against unreasonable searches and seizures. The Eighth Amendment outlaws cruel and unusual

punishment. What makes a search unreasonable or a punishment cruel? The document itself doesn't tell us.

The constitutional fundamentalists tell us we should interpret the words of the Constitution as they were understood at the time they were written, more than 200 years ago, but they can't really mean that. At that time, all felonies were subject to the death penalty and flogging was a common punishment for crime. Today, we consider such punishments cruel and unusual.

The words the Framers chose are not just broad and open-ended. More importantly, they express basic values. To enforce basic values, you need to make value judgments. And value judgments change as the world changes, even when the underlying values stay the same. The Supreme Court has always understood this.

Almost 200 years ago, the great Chief Justice John Marshall made clear that the Court was going to read the broad phrases of the Constitution differently than it might read a tax statute or bailing code.

Marshall wrote: "If we apply this principle of construction to any of the powers of government, we shall find it so pernicious in its operation that we shall be compelled to discard it."

Marshall and his successors on the High Court understood that when we freeze the meaning of the Constitution in place, we limit our capacity to make progress as a people.

Progress hasn't come easy. It wasn't until the 1940s that the Court applied the First Amendment's establishment clause to State and local governments, ensuring the separation of church and State. It wasn't until the 1950s in *Brown v. Board of Education* that the Court declared government-sponsored racial segregation unconstitutional. Not until the 1960s did the Court finally represent the principle of one person, one vote. And not until the 1970s did the Court enforce constitutional equality for women.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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If we interpreted the document in a static and literal way, we would find ourselves in a country we didn't recognize.

Constitutional fundamentalism makes difficult choices look easy by papering over the ambiguities of the document and ignoring the complexities of our history.

I would much rather acknowledge the ambiguities and debate and discuss and argue about the complexities. I think it's significant that when we amend the Constitution, we don't redact the superseded parts. Leaving them in serves as an anecdote to collective amnesia about our past mistakes; it undermines efforts to sanitize our troubled history, as many in power throughout the world often do with their own history.

I close with the words of Thomas Jefferson: "Some men look at constitutions with sanctimonious reverence and deem them like the ark of the covenant, too sacred to be touched. Let us follow no such examples, nor weakly believe that one generation is not as capable of taking care of itself, and ordering its own affairs."

Thank you.

ALABAMA IMPACTED BY THE APRIL 27, 2011, STORM

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Alabama (Mrs. ROBY) for 5 minutes.

Mrs. ROBY. Mr. Speaker, last week my home State of Alabama faced the worst natural disaster in the history of the State. My immediate thoughts go out to the families impacted by the storm, as well as my thanks to the men and women on the ground assisting in recovery efforts. As of May 1, the Alabama Emergency Management Agency has confirmed 250 fatalities in Alabama from the April 27 storm.

Although the Second Congressional District dodged the full force of the storm, Elmore County sustained significant damage and, tragically, the loss of six lives. My thoughts and prayers go out to all of those who lost loved ones.

Since the storm, I have had the opportunity to tour the affected areas in my district and meet with the hardworking men and women working on recovery efforts.

Working quickly with Governor Bentley and the Alabama delegation, we requested shortly after the storm for the President to sign a major disaster declaration, which I am grateful that he immediately did.

Over the next coming months, I will continue to work with the Governor, the Alabama delegation, and the administration to ensure that critical resources and assistance is getting to those impacted by this horrific disaster.

Once again, the citizens of Alabama are in my thoughts and my prayers for them to get through such a difficult time.

□ 1010

MISPLACED PRIORITIES OF THE TEA PARTY REPUBLICANS

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. GEORGE MILLER) for 5 minutes.

Mr. GEORGE MILLER of California. Mr. Speaker, let me begin by joining my colleagues on both sides of the aisle in praising President Obama and our military and our intelligence teams for their extraordinary work in the culmination of the killing of Osama bin Laden. His death is a very positive step for U.S. counterterrorism efforts. Bin Laden's death will not erase the pain he caused by his evil acts, nor does it mean that Americans are not still the targets of others bent on doing us harm, but hopefully his elimination will offer some comfort to the grieving families all over the world who have suffered at his hand and will diminish the capacity of his network to do us harm.

Mr. Speaker, while Americans are expressing their appreciation over the death of bin Laden, they remain deeply anxious about our economy. They are suffering from high unemployment and high gas prices and they expect and need relief. That is why Americans must be really scratching their heads in disbelief over the choices being made here in the House of Representatives.

While Americans remain focused on jobs and the economy, the tea party Republican majority has voted to end Medicare and to cut taxes for the richest Americans and the largest oil companies. And this week they will vote to make it harder for students and low-income workers across the country to have access to health care by bringing up two bills to end the funding for new school-based health care centers and for State-based exchanges where workers and small business employees who cannot get insurance through their jobs will be able to look for health care benefits.

Mr. Speaker, they are also bringing up a third bill, a sweeping measure that would, in effect, make abortion inaccessible to most women, despite the fact that the Supreme Court has ruled that women in the United States of America have a constitutional right to receive an abortion if they so choose.

With sky-high gas prices and continued high unemployment, the Republicans must wake up in the morning and think the most important thing to do today is to take away health care from kids and hardworking Americans and trample on women's rights.

Really? Time out, America. Time out.

This Congress, under the control of the tea party, is making the wrong choices for our economy and for our future. They have accomplished nothing for the American people in more than 3 months that they have been in charge. No bill to help create jobs. Not one. In-

stead, what have they done? They voted to end Medicare. That is right. They voted to end Medicare and shift the cost of health care of current and future seniors onto seniors themselves, in some cases adding nearly \$7,000 more in costs per senior starting in the year 2022. They voted to reduce nursing home care for seniors and for the disabled. And they voted to make prescription drugs for senior citizens more expensive.

To make it all worse, at the same time they voted to end Medicare, they voted to cut taxes for millionaires and billionaires and give tax breaks to the largest oil companies and to extend tax breaks to companies that ship jobs overseas and in fact pay no taxes to the American people, no sense of patriotism for the benefit these companies receive by being American corporations. They chose to give them additional tax breaks, even though they pay no taxes under current law.

Their choices are clear—dangerously clear. End Medicare and make seniors pay more for health care, but give giant oil companies and the wealthiest in our country more tax breaks.

One of the bills that they will bring up this week will eliminate the ability of Americans without insurance, including small business employees, to shop and to compare health plans in the State-based exchanges. They have determined to pursue policies to harm working families in order to cater to their insurance industry friends and radical right-wing supporters. They don't believe that every American should have access to affordable health coverage.

Health exchanges are one of the most popular and important provisions of the health care law. They are vital for families and small businesses to be able to have access to affordable health care. These exchanges are market based, they foster competition, they reduce costs, and they provide access to health insurance for millions of Americans.

Yes, Mr. Speaker, Americans must scratch their heads every day and wonder why the priorities of the tea party Republicans are not consistent with the needs of their families, their children, their job opportunities, their small businesses' vitality. They must wonder every day: Why can't this Congress start serving the American public?

JUSTICE DELAYED BECAME JUSTICE SERVED

The SPEAKER pro tempore. The Chair recognizes the gentleman from Indiana (Mr. PENCE) for 5 minutes.

Mr. PENCE. Mr. Speaker, Osama bin Laden is dead. Justice delayed became justice served. And I stand to pay a debt of honor and a debt of gratitude to all of those who brought us to this day.

The first time most Americans heard Osama bin Laden's name was perhaps from that podium. Just more than a

week after September 11, we gathered here. President George W. Bush spoke that name into history. And every day since, it has been clear to freedom-loving people across this planet that we had to reach this day to answer for the tragic and brutal events visited upon our country on September 11.

I rise to pay a debt of honor and a debt of gratitude. I commend President Barack Obama for his decisive leadership, making the tactical decisions that were made, as well as providing our troops with the resources they needed to get the job done and come home safely. I commend his predecessor, President George W. Bush, whose tenacity and commitment to the war on terror clearly brought us to this day. I also commend our intelligence community, who, year upon year, never lost sight of the demand for justice.

But I mostly rise today to pay a debt of honor and gratitude to the members of our U.S. Armed Forces, past and present. Those Sunday night who slid down the ropes and captured and killed Osama bin Laden are in our hearts, but also those over the last 10 years who have made the necessary sacrifices in the war on terror, and I rise today to particularly pay tribute to them.

I was here on 9/11. After we had the opportunity for the roads to open, I made my way back to our small home in Northern Virginia, and there, with my wife and our children, 6, 7 and 8, we gathered for a short family meeting and for prayer before I would come back in to the Capitol.

My little 6-year-old daughter stopped me in the kitchen as I was walking to the car and she said, "Daddy, I have to talk to you." I said, "I've got to go." She said, "Daddy, I've got to talk to you." I said, "What?" She said, "If we have to make a war, do you have to go?" And I dropped down on one knee and I threw my arms around that 6-year-old and I said, "Daddy's too old." But every day since I have thought of all the daddies and mommies who looked their little ones in the eye, looked their spouses and their parents in the eye, and they said, "I have to go." And they went. And some of them didn't come home.

In the Sixth Congressional District, we have a roll of the fallen heroes of the war on terror. I recite them today with the deepest respect and gratitude.

Lance Corporal Matthew Smith of Anderson; Private Shawn Pahnke of Shelbyville; Specialist Chad Keith of Batesville; Staff Sergeant Frederick Miller, Jr., of Hagerstown; Sergeant Robert Colvill, Jr., of Anderson; Specialist Raymond White of Elwood; Lance Corporal Scott Zubowski of New Castle; Sergeant Jeremy Wright of Shelbyville; Master Sergeant Mike Heister of Bluffton; Staff Sergeant Michael Bechert of New Castle; Staff Sergeant Brian Keith Miller of Pendleton; Specialist Jonathan Lahmann of Richmond; Lance Corporal Layton Crass of Richmond; Lance Corporal Andrew

Whitacre of Bryant; Specialist William Justin McClellan of New Castle; Private First Class Jaiciae Pauley of Muncie; Staff Sergeant Phillip Chad Jenkins of Decatur; and Sergeant Jeremy McQueary of my hometown of Columbus.

This was a victory for freedom. And as much as it belongs to those who made the decisions, developed the intelligence, who slid down the ropes and stepped into harm's way Sunday night, this victory belongs to those who lie in earthen graves in my district and all over this country who brought it about.

□ 1020

Winston Churchill said, We sleep soundly in our beds because rough men stand ready to visit violence on those who would do us harm. Today, I pay a debt of gratitude to a Commander in Chief, present and past, but to all the members of the Armed Forces who allow us this day to say: Justice served. Osama bin Laden is dead.

PROTECTING CONSUMERS FROM HIGHER GAS PRICES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. CONNOLLY) is recognized for 5 minutes.

Mr. CONNOLLY of Virginia. Let me congratulate my colleague from Indiana on his eloquence. I don't think it could be better said.

Mr. Speaker, 1 year after the Deepwater Horizon oil spill, Americans are paying record gas prices. In northern Virginia, gas that used to cost \$3 a gallon now costs \$4 a gallon. This gas price hike is the result of instability in the Middle East and possible oil speculation, and is a reminder of our dangerous dependence on foreign oil. Sadly, our Republican colleagues are not advancing legislation to help consumers. Their plan would line the pockets of Big Oil, which saw its profits skyrocket 30 percent in line with these rising gas prices. Fortunately, there are positive steps we can take to promote energy independence and protect consumers: Improve vehicle efficiency, boost production of domestic renewable energy, and convert oil industry tax breaks into gas price relief for consumers.

America owns 3 percent of the world's oil but consumes 25 percent of its global reserves. The only way to end our dependence on foreign oil and reduce gas prices is by improving automobile efficiency and developing new sources of clean domestic energy. Energy independence is going to depend on reducing our oil consumption and shifting to domestic forms of energy like wind, solar, biofuels, and, most importantly, improved efficiency. Energy independence will save consumers money and protect us from political instability in the Middle East.

At the end of 2010, Congress extended tax credits for biofuels and the produc-

tion of wind and solar energy. Those tax credits increased wind energy production by nearly 43 percent in less than 2 years. So extending them now is important for energy independence.

Under the authority of the Clean Air Act amendments, President Obama and automakers recently announced an agreement to improve the efficiency of automobiles by 30 percent by 2016. This agreement will save consumers \$3,000 for each car purchased 5 years from now. Here's another way of looking at it. If you can save 30 percent at the pump, better vehicle efficiency would more than offset recent gas price hikes. Unfortunately, oil companies and their allies in Congress are trying to roll back much of this progress. Our Speaker has forced through legislation which would repeal much of the Clean Air Act, hurting American consumers and undermining our national security. Fortunately, the Senate will not allow that reckless legislation to become law.

This week, the Republican leadership in this House will try to short-circuit safety rules for the production of oil off America's coast, increasing the likelihood of another Deepwater Horizon catastrophe. Their legislation could also allow oil exploration that would impede Naval operations off Virginia's coast and threaten the Chesapeake Bay. I do not support these reckless efforts to allow unregulated oil drilling which endangers our coastal economies and our national security. I will be introducing an amendment in the nature of a substitute. My amendment would strike the anti-safety language and add a provision to repeal \$37 billion in oil company tax loopholes. It would remit this money equally to licensed American drivers. Averaged among licensed drivers, this amendment would give \$185 to each driver—the equivalent of reducing gas prices by 27 cents a gallon.

There are many positive steps we can take to promote energy independence and reduce the burden of gas prices: Improve vehicle efficiency, boost production of renewable domestic energy, and end Big Oil tax breaks in order to help consumers. We should be taking these positive steps instead of endangering our coastal economies with unregulated oil drilling which would do nothing to affect oil prices.

OVERSEAS SECURITY ADVISORY COUNCIL ANNIVERSARY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. SHIMKUS) is recognized for 5 minutes.

Mr. SHIMKUS. Today, May 3, 2011, I would like to take this time to commend the Department of State's Overseas Security Advisory Council, or OSAC, on its 26th anniversary. Since 1985, OSAC, a public-private partnership, has provided accurate, timely, actionable information on global security concerns. Its constituents number over

4,000, and include businesses, schools, faith-based organizations, and non-governmental organizations. OSAC serves as the U.S. Government's primary platform for assisting the U.S. private sector to confront and mitigate security threats overseas. Information is shared via OSAC's Web site and through individual consultations between OSAC analysts and its constituency. OSAC's original reports are posted on their Web site, sent to embassies around the world, and have been requested by numerous U.S. and foreign government agencies.

Through its Country Council program, OSAC provides a mechanism for the U.S. private sector to gather information and share best practices among the world's leading security experts. Country Councils are present in over 140 cities and serve as a forum for the discussion of time-sensitive and country-specific security concerns. Around the world, the London Country Council is gearing up for the immense undertaking of the 2012 Olympic Summer Games; members of the Lagos Country Council are discussing operating challenges in the Niger Delta; the various Country Councils in Mexico are creating strategies for operating amid the violence caused by the drug trafficking organizations; the Hong Kong Country Council is focusing on deterring cybercrime; the Erbil Country Council is facilitating discussions between the U.S. private sector and Kurdistan government officials.

Over the past 26 years, OSAC has developed into the premier model for public-private partnership. It is the only government-sponsored organization specifically designed to address the private sector's global security concerns. Founded by Secretary of State George Shultz and a handful of CEOs in 1985, OSAC has expanded to include over 4,000 constituents and looks forward to a robust partnership with the U.S. private sector and ensuring the safety of American entities abroad. Congratulations to the OSAC coauthors, Diplomatic Security Service Director Jeff Culver and John McClurg from the Dell Corporation, and the Executive Working Group: Jim Snyder from Conoco Phillips; Brad Brekke from Target Corporation; and Jim Hutton from Procter & Gamble. I also want to thank OSAC's executive director, Peter Ford, and from OSAC, Jackee Schools and Marsha Thurman.

IT'S TIME TO STOP RELYING ON FOREIGN OIL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, with gas prices skyrocketing to over \$4 and \$5 a gallon, threatening our fragile economic recovery, let me retrace the history of U.S. economic recessions and unemployment since the 1970s and their relation to global oil markets and

oil prices. Both in 1973, during the Nixon administration, and then during 1978, during the Presidency of Jimmy Carter, America's economy was subjected to serious harm by global oil kingdoms on whom our Nation already had become too dependent. When gas prices eventually doubled, with the unemployment that followed, President Carter described that major oil price squeeze as the "moral equivalent of war."

This chart very vividly shows, how rising unemployment, which is the blue line, follows every major oil price increase since the 1970s. Yes, every spike of gas price increase creates a path to high unemployment that follows. That certainly was true back in 2008, when in fact the oil prices spiked over \$4 dollars per gallon and unemployment shot up, triggering our current recession as well. President Carter lost his reelection to Ronald Reagan, who won on a campaign of blaming Carter for a "misery index." Back in those days the misery index was explained as the sum of unemployment and inflation rates but that sum actually was due to gas price sticker shock. When gas prices rise above \$4 a gallon, that very fact triggers major unemployment here at home. How many times does our American economy have to be hit over the head with a baseball bat before we recognize our conundrum? We should be working full steam ahead to become energy independent here at home rather than coveting our neighbor's goods.

If we look at the continuing use of petroleum inside our economy—other than the recession we're now in, where we've had a little bit of a dip in imports due to decreased demand—all the way going back to the 1970s, every year, we've consumed more imported petroleum. The red lines show how much more is imported each year. Rather, why don't we invest those trillions and trillions of dollars we are spending in the Middle East and around the world to import that oil right here in our own country?

□ 1030

We literally could rebuild energy production capacity, and much more, from one end of our country to the other and create millions of jobs doing it.

America's chief strategic vulnerability is our dependence on imported energy. How many more Americans have to die to keep those oil lanes open? It is no coincidence we have sent our soldiers to fight where the greatest global oil deposits are located.

My oath is to protect our Nation against all enemies, foreign and domestic. America's petrol dependence is an enemy on both fronts: foreign and domestic. It is no secret that there are some big business interests, including many global oil companies, oil speculators, and financiers trading in those petrodollars, that are making a killing, in many ways, off of America's dependency.

In 2008, rising oil prices tripwired the Great Recession we are currently en-

during. And we know recent price hikes threaten our recovery just as our Nation and our people are struggling to get back on their feet. Look at the profits that the major oil companies are ringing in from gas prices at over \$4 a gallon. Just in the last quarter, Exxon raked in \$10.7 billion, BP brought in \$7.2 billion, Chevron earned over \$6 billion, and the list goes on and on—in one quarter. One quarter. These huge profits at the expense of our people and nation.

The American people suffer great hardship every time this petroleum addiction rears its ugly head, and it has done so every decade, consistently. The situation keeps getting worse, if anyone is paying attention. In effect, our American Republic becomes a gasoline hostage and a sticker cash cow anytime the global oil markets need an infusion of oil cash or raise prices due to supply aberrations. We simply can't leave America and our people this vulnerable. And we can't keep killing our soldiers to keep those oil lanes open.

The biggest force in the world is inertia. People don't want to change, or don't know how to change our predicament, or don't want to change this losing strategy for our Nation. It's no secret that some interests are making a whole lot of money off the present equation: "I win, you lose."

Mr. Speaker, if these economic interests aren't tamed and aren't enemies of our Republic, I don't know what is. Bill Greider wrote a book, it's time to "Come Home, America." Let's do that by restoring energy independence here at home and, indeed, our very liberty.

THE NATIONAL CONSTITUTION COMPETITION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, it was my great privilege to spend a major portion of the weekend watching young constitutional scholars from Portland's Grant High School compete in the national Constitution competition here in our Nation's Capital.

It was an amazing experience watching these young men and women debating the fine points of our Constitution. While I had a personal interest with one of the students there, it became clear, watching the competition, that everybody was a winner.

As I was watching the finals, where they were one of the top 10 teams in the Nation, it was fascinating to contemplate what was going on in the much broader context in terms of what this represented. Everybody was a winner—the student constitutional scholars, their dedicated coaches and teachers. Most important, America was winning.

They were part of tens of thousands of students across the country who dove into the intricacies of the Constitution over the past year. They

delved into its antecedents like the Magna Carta and the Articles of Confederation. They deal with the Civil War and the challenges to our constitutional ideals and the practicality of governance in a time of war. They pondered the struggle to give all Americans the promises embedded in the Constitution and the Declaration of Independence. They explored the conflict between the rule of law and its too often flawed implementation.

It was really heartwarming to be able to witness the discussion between the judges, who were all skilled professionals—professors, lawyers, judges volunteering their time—and these terrific young citizens. Indeed, some of the exchanges were riveting. I found myself reflecting on how much easier would be our job in Congress if there were more Americans who were part of this extraordinary experience.

These young people have been part of a program making a difference for a quarter century now. We've got data that show its effectiveness. These young people score a third higher than adult citizens on their knowledge of the Constitution and civic affairs. And good news for America: looking at this experience over a quarter century, they are five times more likely to run for public office.

The bad news is that thousands of young people in every State, the District of Columbia, and some of the territories will lose as a result of the inability of Congress to figure out how to finance a small portion of the participation that comes from Federal money. They are a casualty this year of the inability of Congress to figure out how to provide that support. I find that ironic because these young people could give Congress lessons about the congressional power of the purse, the separations of power, to give us a roadmap to make sure that these programs are not sacrificed.

It's particularly important because the flawed "No Child Left Behind" bill that's up for reauthorization doesn't place a premium on civic education. I see my good friend, Congresswoman WOOLSEY, a senior member of that committee, who has fought for years to redirect it.

Well, the least we can do is to restore the money lost this year as we deal with the budget for the next year. Any Member of Congress who takes the time to meet with the outstanding young men and women from their State who are in our Nation's Capital today in the aftermath of that contest would be hard-pressed to explain to them why they wouldn't and, indeed, should be inspired to do all they could to make sure this outstanding program continues.

POST-BIN LADEN: A MOMENT TO RE-THINK OUR NATIONAL SECURITY APPROACH

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from

California (Ms. WOOLSEY) for 5 minutes.

Ms. WOOLSEY. Yes, indeed, just to follow up on the gentleman from Oregon, we are, in our efforts to reauthorize elementary and secondary education, expanding to the whole child, we hope, including civics and art and music.

Mr. Speaker, my first thought when watching the news last Sunday night was about the many people, the many people, who have a hole in their hearts and in their homes because of the senseless, brutal violence perpetrated by Osama bin Laden. There was 9/11, of course, but also the 1993 World Trade Center bombing, the Embassy bombings in East Africa, the attack on the USS *Cole*. Bin Laden is responsible for so much evil, and I hope that the families of his victims can now find some measure of peace and hopefully some closure.

He is dead, but the terrorism threat he represents remains alive and well. The network he created continues to thrive. And I believe, Mr. Speaker, that al Qaeda will remain strong as long as we, the United States of America, continue our policy of aggressive militarism in the Middle East.

□ 1040

The war in Afghanistan remains an epic failure that is bankrupting us morally and fiscally. Our nearly 10-year occupation has emboldened those who hate America instead of defeating them. It has created more terrorists than it has killed. It is undermining our national security interests, not advancing them. It is making us less safe, not more.

None of that changes with the news of Osama bin Laden's death. Just last week, a retired Army lieutenant colonel from my district just north of the Golden Gate Bridge, James McLaughlin, Jr., of Santa Rosa, California, was killed while working as a contractor training military pilots in Afghanistan. He died along with eight others when an Afghan pilot turned on his allies and went on a shooting spree during a meeting at the Kabul airport. Bin Laden's death won't bring Jim McLaughlin back, nor will it bring back the 1,500-plus Americans who have lost their lives in Afghanistan. The horror of this war continues unabated.

So with Osama bin Laden's death, I believe that it is past time for somber reflection—reflection about the policies of the last 10 years and about where we might go from here. It is time to rethink our entire approach to national security.

We can save so much in lives, in money, in global credibility, and in moral authority with a smart security platform that puts diplomacy and development aid before guns and tanks: a platform that uses American power for humanitarian ends, a platform that empowers and invests in the people of Afghanistan instead of invading and occupying their country.

We have a chance now to change course. The trauma of 9/11 was profound, but it also led to some disastrous choices, from the war in Iraq, to roving wiretaps, to waterboarding, to the surge in Afghanistan. Now that the 9/11 mastermind is gone, it is time to turn a new page.

It has to begin with a swift move toward military redeployment out of Afghanistan. We cannot continue down this road of permanent warfare. The costs are too great. I've never ever felt more strongly, Mr. Speaker, that it is time to bring our troops home.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 43 minutes a.m.), the House stood in recess until noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. POE of Texas) at noon.

PRAYER

Reverend Dr. Alan Kieran, Office of the U.S. Senate Chaplain, Washington, D.C., offered the following prayer:

Most Holy God, Creator and sustainer of the universe, we come to this Chamber today with humility and expectation.

In humility because we know that You have appointed our elected Members and Capitol Hill staff for such a time as this.

In expectation because faith in You brings untold blessings to hearts, homes, and nations.

You say, O God, that from those to whom You have given much, much is expected.

Endow our leaders with good health. Strengthen them in body, mind, and soul for the busy days ahead. Grant them Your wisdom, peace, and joy in this season of fruitful labor.

And may we all reap a harvest of righteousness as we serve You and our Nation's citizens.

I pray in Your everlasting Name. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New Jersey (Mr.

PAYNE) come forward and lead the House in the Pledge of Allegiance.

Mr. PAYNE led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 15 requests for 1-minute speeches on each side of the aisle.

DRILLING BILLS

(Mr. PITTS asked and was given permission to address the House for 1 minute.)

Mr. PITTS. Mr. Speaker, where does our oil come from?

Much of it comes from offshore drilling rigs scattered around the globe. From the North Sea to the South China Sea, there are thousands of rigs pumping oil that eventually finds its way to the American market. Exploration for oil and natural gas is growing in Egypt, Brazil, and dozens of other countries.

But here in the United States, we are moving backwards. Leases and permits have been slow-walked and delayed—2011 was almost the first year since 1958 that the Federal Government did not hold an offshore lease sale.

This week we are going to pass legislation to kick-start leases and increase production of American energy. The only reliable way to decrease gasoline prices is to increase domestic supply. If we don't act to expand access to American natural resources, we will see production fall this year.

The American people want to get back to work, but high energy prices are holding back job growth. American jobs are on the line. That's why now is the time to boost American energy.

GAS PRICES

(Mr. CICILLINE asked and was given permission to address the House for 1 minute.)

Mr. CICILLINE. Mr. Speaker, over the last several weeks, my Rhode Island constituents and Americans all across this country have been nervously eyeing their neighborhood gas stations, waiting and watching as the gas prices steadily rise, now forcing many to fill their tanks for no less than \$4 per gallon.

This news underscores the concerns voiced by hundreds of men, women, and families throughout Rhode Island and all across this Nation in recent weeks. They can no longer afford the price of gasoline, and urgent help is needed.

Yet as gas prices climb, profits continue to soar for Big Oil. We've got to find solutions now to lower the cost of gasoline and to end the \$4 billion in tax breaks that are paid to Big Oil.

Mr. Speaker, I am delivering a letter today to the Speaker asking him to bring legislation already drafted to the floor for a vote that would release oil from the Strategic Petroleum Reserve and legislation aimed at preventing Big Oil from engaging in price-gouging schemes which drive up the price of gas at the pumps.

These are just two measures, Mr. Speaker, that have been introduced in the House which would provide immediate relief to consumers from the rising price of gasoline that threatens our economy and the well-being of hard-working middle class Americans all throughout this country.

I certainly hope the Speaker will put these on the calendar so we can vote on them and provide relief immediately to the American people.

CONGRATULATING PRESIDENT OBAMA ON OSAMA EXECUTION

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, this upcoming September 11 will mark the 10th anniversary of the most horrific act of terrorism, executed under the leadership of the now deceased Osama bin Laden.

We will never forget the images of burning buildings, crashing planes, and Americans running for their lives. Three thousand people never came back home that Tuesday, and families will again remember the last time they hugged their loved ones good-bye. What will be different this September 11 is that Osama bin Laden will no longer be able to celebrate the destruction he caused and the lives he destroyed.

President Obama, we thank you for a superb operation. Thank you for having the courage to make the decision so many would have backed away from.

Because of President Obama's team of experts, this risky mission was backed by sound information, solid facts, and accurate calculations. His goal was clear: Get Osama bin Laden. And that is exactly what happened. This is truly a mission accomplished.

I commend our Commander in Chief, Barack Obama, for his intelligent execution. This is not a celebration of death; this is a celebration of justice, courage, sacrifice, and democracy. And this is a celebration of leadership.

Mr. President, your 40-minute operation has helped bring closure to so many Americans for a lifetime.

THE FIGHT FOR FREEDOM DINNER

(Mr. CLARKE of Michigan asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CLARKE of Michigan. Mr. Speaker, this past Sunday I participated in one of the largest sit-down dinners ever held. It was hosted by the Detroit branch of the NAACP, and

there we heard from and we honored the conscience of this House, Representative JOHN LEWIS.

The event was titled "The Fight for Freedom Dinner." And some of those freedoms worth fighting for are economic in nature: The freedom to own a home that won't be unfairly placed in foreclosure. The freedom to work a job and not be laid off because you're outsourced. The freedom to receive health care, especially health care guaranteed by Medicare, and not have to go broke or bankrupt paying for it.

These opportunities should be available under our legal system to all Americans equally.

WHERE ARE THE JOBS?

(Ms. LEE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LEE. Mr. Speaker, the American people want to know, Where are the jobs?

After 17 weeks of controlling the House, Republicans have no plan to create jobs and no plan to spur economic growth. Instead, they proposed a budget that puts our country on a road to ruin. They want to end Medicare, gut Medicaid, strip funding for Pell Grants and elementary and secondary education for our students, while hobbling our Nation's transportation infrastructure.

Yet again this week, Republicans are offering slogans instead of solutions: "Drill Baby Drill," "Kill the Bill." These slogans don't amount to a plan to create jobs or guarantee access to health care in America.

Instead of another very cynical attempt to repeal health reform and perpetrate their war on women, and instead of offering oil companies free reign off our coasts, we should be working together to help the unemployed and to create jobs. We must not forget the 99ers and we must help them, people who have moved out of their unemployment benefits. They've actually maxed out. And we must invest in our country to stimulate job creation.

Democrats have a plan while Republicans can only offer rhetoric.

□ 1210

ALL THE CARDS ARE ON THE TABLE

(Ms. EDWARDS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS. Mr. Speaker, all the cards are on the table, and the Republicans want to reduce Medicaid to a mere block grant program and drastically alter the Federal-State partnership that has been struck for over 45 years.

The GOP budget argues that under a block grant program, "States will no longer be shackled by federally determined program requirements." Sounds

nice, right? But, Mr. Speaker, what they really mean is that States will no longer have to meet standards that ensure quality, delivery of service, and eligibility.

The GOP budget argues that block grants will improve health care safety for seniors and low-income families. Again, sounds right, Mr. Speaker, sounds wonderful. But they fail to conveniently mention that the States would be required to spend below projected growth, forcing State governments to make up the difference by increasing spending. Again, that's a fat chance in this environment.

And so what they really want to do is to cap enrollment, cut eligibility, limit mandatory benefits, and lower provider reimbursement. Our doctors, our seniors, and our low-income families deserve so much better.

RECOGNIZING TWO SIGNIFICANT ATHLETIC ACHIEVEMENTS IN DELAWARE

(Mr. CARNEY asked and was given permission to address the House for 1 minute.)

Mr. CARNEY. Mr. Speaker, today, I'd like to recognize two significant athletic achievements that were recently announced in my home State of Delaware.

In March, the St. Mark's High School football team was named Team of the Year by the Delaware Sportswriters and Broadcasters Association. This fall, St. Mark's finished with an undefeated 12-0 record and captured their first football title since 1978.

Also last month, University of Delaware sophomore Elena Delle Donne was named Player of the Year in Delaware after earning First Team All-CAA honors in basketball for the second straight year.

As a St. Mark's alumnus and former high school and college athlete and coach, I know the hard work and commitment that goes into achieving success at such a high level. I also know that high school and college athletes learn lessons about teamwork, competition, and leadership that will serve them well for the rest of their lives.

And so I'd like to once again congratulate Elena Delle Donne, St. Mark's High School football coach Jim Wilson and his staff, and each member of this year's team.

We in Delaware wish you well and hope for your continued success.

PROVIDING FOR CONSIDERATION OF H.R. 1213, REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES, AND PROVIDING FOR CONSIDERATION OF H.R. 1214, REPEALING MANDATORY FUNDING FOR SCHOOL HEALTH CENTER CONSTRUCTION

Mr. REED. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 236 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 236

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the State of the Union for consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. All points of order against provisions in the bill are waived. No amendment to the bill shall be in order except those received for printing in the portion of the Congressional Record designated for that purpose in clause 8 of rule XVIII in a daily issue dated May 2, 2011, and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered as read if printed. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from New York is recognized for 1 hour.

Mr. REED. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purposes of debate only.

GENERAL LEAVE

Mr. REED. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. REED. House Resolution 236 provides one rule for consideration of H.R. 1213 under a structured process, making all five Democratic amendments in order that comply with the rules of the House; and H.R. 1214 under a modified open process that gives all Members an opportunity to preprint their amendments in the CONGRESSIONAL RECORD and have them considered on the floor.

Mr. Speaker, we are here today to offer a rule to allow us to debate H.R. 1213 and H.R. 1214. H.R. 1213 would repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American health benefit exchanges. H.R. 1214 would repeal mandatory spending for school-based health center construction.

Quite simply, our country is broke, and we cannot continue to spend money like we have in the past. Our spending crisis is clear. Slush funds and unlimited tabs on the Treasury must be the first to go, particularly when they are being used to fund government-centered takeover of our Nation's health care system that does not improve care, does not lower costs and, simply, we cannot afford.

The American people sent a clear message last November: ObamaCare is not the answer; stop spending money that our country doesn't have, money we are borrowing and spending on the backs of our children and grandchildren who will be left footing the bill.

H.R. 1213, introduced by the distinguished chairman of the Energy and Commerce Committee who has been a leader in this fight, repeals the provision that gives the Secretary of Health and Human Services a blank check to determine how much to facilitate enrollment in the State health care exchanges set up by the underlying bill. The law includes no definition of what that means. For example, a 100 percent premium subsidy for individuals to enroll in the exchange would not be prohibited under the statute.

In the year since ObamaCare was enacted, it has already become clear the law set up an unworkable and an unaffordable system. There have been countless numbers of waivers given out and slush funds such as this to allow the Federal Government to continue to push more money onto the States,

force them to accept provisions that simply don't make sense and don't work. Just because the authors of ObamaCare could not determine the amount necessary to fund these programs does not mean American taxpayers should allow the Secretary to cash this blank check.

□ 1220

Secretary Sebelius, in a March 3 hearing, testified that there are no monetary limitations on the size of the appropriation and the law requires no further congressional action for the Secretary to spend these funds. CBO estimates a reduction in direct spending by an estimated \$14.6 billion over the next 10 years would be achieved by successful passage of this bill. And that is just an estimate. With a blank check, the spending could be much higher.

Mr. Speaker, I submit that giving any executive branch official a blank check is a bad idea, particularly when we already have a \$1.6 trillion deficit this year alone and a \$14 trillion national debt. We must vote to repeal this provision.

In regards to H.R. 1214, introduced by Representative BURGESS of Texas, who is one of the physician members of our Republican Conference, it repeals the school-based health center construction fund. ObamaCare provides \$200 million in direct appropriations through fiscal year 2013, which this legislation would rescind. This money is only for facilities with an express prohibition on using the funds for personnel or to provide health services at these newly constructed facilities. The facilities could be built with no guarantee, therefore, that the center would ever see or care for one single patient.

This fund is yet another example of the wasteful, duplicative spending that caused ObamaCare to have such a huge price tag and another example of spending we simply cannot afford. ObamaCare and the stimulus bill have already made \$3 billion available to the Department of Health and Human Services for facility improvements at community health centers. Providing an additional \$50 million a year is duplicative. We do not need to build for building's sake. Therefore, we must vote to repeal this provision.

With that, Mr. Speaker, I reserve the balance of my time.

Mr. POLIS. Mr. Speaker, I thank the gentleman from New York for giving me the customary 30 minutes, and I yield myself such time as I may consume.

It's my understanding this is his first rule that he is managing in his name on the floor of the House, and I congratulate him in that regard. In the 111th Congress, I had the opportunity to manage a number of rules, and I had a perfect record—I never lost a rule. This Congress as well, I too have a perfect record—I have never won a rule. I wish the gentleman from New York success in his efforts and congratulate him on his appointment to the Rules

Committee and look forward to working with him throughout the 112th Congress.

Mr. REED. I thank the gentleman.

Mr. POLIS. Today, while millions of Americans remain unemployed and millions more await the chance to receive affordable health care, the Republicans are spending another week rehashing old debates instead of talking about creating jobs and, in fact, in this case, undermining Americans' access to quality health care.

This rule brings forth two bills. First, the majority brings forth, under this bill, legislation that will prevent Americans from accessing the exchanges which are competitive marketplaces in which to buy private insurance.

Now, there's a lot of subterfuge and misinformation in this debate. For instance, there is no ObamaCare option. There is no public insurance option that we are even discussing here. What is being discussed is a marketplace in which individuals, primarily those who work in small businesses or are self-employed, will have access to choose from the private policy of their choice.

According to the Congressional Budget Office, under this Republican proposal, 2 million fewer Americans will be enrolled in exchanges in 2015. The Congressional Budget Office also says that H.R. 1213 will result in higher premiums in the exchange. Again, a bill that is delivering higher premiums for American citizens—hardly, hardly the outcry that I have heard on the stump.

I had a chance to have public meetings in the last 2 weeks back in our district, as many Members of Congress have. My constituents, Mr. Speaker, did not request that we deliver higher health insurance premiums. They wanted us to deal with the deficit. They wanted us to deal with jobs and the economy. Not a single constituent of mine asked for higher health insurance premiums, which seems to be a priority of this Congress.

Now, there may be a talking point involved, and certainly both of these bills today were also included in H.R. 2, which was a repeal of health care reform, largely. Now we are looking at individual pieces. But this new marketplace has historically been an idea that has had strong bipartisan support: to have competitive health care exchanges; to keep in tact America's employment-based system while expanding access to tens of millions of people, including small businesses and people who are self-employed. Truly, the exchanges represent an opportunity for a more competitive and a more transparent marketplace that empowers consumers to make the choice between private insurers.

The other bill that is brought forth under this particular rule, after we have dispensed with denying health care to an estimated 2 million more Americans through the exchanges, we are also, in this next bill, eliminating funding for school-based health clinic

construction, renovation, and equipment. That would particularly harm our Nation's health care services, especially for children, youth, and families and those with low incomes.

School-based health care clinics serve students whose access to health care is limited; and frequently, the scope of services is determined by school officials in partnership with parents and community-based health care initiatives. Services are designed to identify problems early, provide continuity of care, and improve academic participation. These programs save money by providing access to preventive care that frequently alludes many of the families affected.

And yet also, while we are denying basic preventive care to our Nation's youth, the passage of this bill will also deny job opportunities to Americans all across the country who are ready with shovel-ready projects to begin improving and building school-based health care clinics. So here we are with a bill: less jobs, less health care, less education—hardly the priorities that I think the voters wanted for the 112th Congress.

Democrats believe strongly that we need to make tough choices to end the deficit and end the climbing spiral of debt. But what we are left with with these two bills, as separate from H.R. 2, is actually the worst of both worlds. The Republicans leave in place the taxes that were used to pay for health care reform—they leave in place in these two bills the medical device tax; they leave in place the tax on unearned income—and yet they remove the benefits to the American people from these taxes.

Whenever the American people agree to any degree of taxes, they want to see a tangible result. But what is being done with these bills is leaving in place the taxes of health care reform and removing the benefits to the American people of health care reform. That's hardly a balanced and fair approach, and it's one that the House should reject.

I would remind my colleagues of House Resolution 9, which I supported on the floor of the House of Representatives. It dealt with 13 items out of the original jurisdiction of our Rules Committee before the gentleman from New York joined our Rules Committee. We instructed the House on replacing health care reform and what some areas for working on it would be.

I would like to submit to the RECORD in the context of this debate, Mr. Speaker, House Resolution 9, which was adopted by the House and, indeed, discusses changing existing health care law within the various committees of jurisdiction to foster economic growth and private sector job creation; to lower health care premiums, preserve a patient's ability to keep their health care plan, provide people with pre-existing conditions affordable access to health care; and many, many other good ideas.

But rather than discussing any of these 13 points that were contained in House Resolution 9, the business of the committees of jurisdiction has apparently been not only to repeal health care reform generally but now to repeal each of the individual components while leaving the taxes in place. We would encourage these committees to comply with House Resolution 9. And I think by rejecting this bill before us today, we are sending a powerful message to the committees of jurisdiction that rather than talking about repeal, repeal, repeal, they need to also discuss replace.

What are we going to do if the exchanges don't exist or are handicapped to provide people with preexisting conditions access to affordable health care? Again, if we repeal the support for the exchanges, how are we fostering economic growth and private sector growth? How are we encouraging small businesses and self-employed people to have access to the same health care services at a similar cost that large employers already have?

I call upon my colleagues to reject this rule and both underlying bills and begin the discussions of how to improve and build upon health care reform, finding a common ground between Members of both parties and saving taxpayers money to help reduce the deficit.

H. RES. 9

In the House of Representatives, U.S., January 20, 2011.

Resolved, That the Committee on Education and the Workforce, the Committee on Energy and Commerce, the Committee on the Judiciary, and the Committee on Ways and Means, shall each report to the House legislation proposing changes to existing law within each committee's jurisdiction with provisions that—

- (1) foster economic growth and private sector job creation by eliminating job-killing policies and regulations;
- (2) lower health care premiums through increased competition and choice;
- (3) preserve a patient's ability to keep his or her health plan if he or she likes it;
- (4) provide people with pre-existing conditions access to affordable health coverage;
- (5) reform the medical liability system to reduce unnecessary and wasteful health care spending;
- (6) increase the number of insured Americans;
- (7) protect the doctor-patient relationship;
- (8) provide the States greater flexibility to administer Medicaid programs;
- (9) expand incentives to encourage personal responsibility for health care coverage and costs;
- (10) prohibit taxpayer funding of abortions and provide conscience protections for health care providers;
- (11) eliminate duplicative government programs and wasteful spending;
- (12) do not accelerate the insolvency of entitlement programs or increase the tax burden on Americans; or
- (13) enact a permanent fix to the flawed Medicare sustainable growth rate formula used to determine physician payments under title XVIII of the Social Security Act to preserve health care for the nation's seniors and to provide a stable environment for physicians.

I reserve the balance of my time.

Mr. REED. Mr. Speaker, I now yield as much time as he may consume to the gentleman from California (Mr. DREIER), the chairman of the Rules Committee.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

□ 1230

Mr. DREIER. Mr. Speaker, let me begin by extending congratulations to my good friend from Corning for his stellar management of his first rule on the House floor, and to say that we have managing this two of my favorite Members, including my friend from Boulder who serves on the Rules Committee with such distinction.

I have to say that I'm also glad to see that we have Dr. ROE here, who has, over the past couple of years, regaled us in the Rules Committee of the failures of massive, even State, government involvement in health care and the dramatic increase in costs that he's seen in his State of Tennessee because of the so-called TennCare program that has existed there. I know that we are going to look forward to hearing from him later.

Let me, at the outset, respond as the author of H. Res. 9 to the comments that my friend from Boulder has just offered, Mr. Speaker. First, I want to say that I believe that the measures before us are all about job creation and economic growth, improving health care and improving education, all three of the things that my friend from Boulder indicated that he doesn't believe that we are successfully addressing here.

Second, I have to say that as we looked at the litany of those 13 items included within H. Res. 9, mark my words, the committees of jurisdiction are already working on and focusing on those priority items. I believe that the purchase of health insurance across State lines needs to be a very high priority as we want to ensure that the American people have access to quality health care. We need to make sure that we have pooling to deal with pre-existing conditions. That continues to be a bipartisan priority. And, in fact, on the issue of the purchase of insurance across State lines, and obviously on pooling for preexisting conditions, President Obama, even though he opposed it in the measure, has indicated his support of those items.

We need to expand medical savings accounts so that people can be incentivized to put dollars aside for the purchase of direct health care needs and/or health insurance.

We also need to do what we can to expand something that actually passed the Republican House of Representatives but was killed by our colleagues in the other body 5 years ago, that is, associated health plans that allow for small businessmen and -women to come together and actually get reduced rates as larger corporations and entities have done.

And the fifth item that, of course, we heard the President of the United States say in his State of the Union message he supported but, of course, was not included in the measure and that is real, meaningful lawsuit abuse reform because we continue to see the dramatic increase in health care costs because of the number of frivolous lawsuits out there. We have a load of empirical evidence on that, Mr. Speaker.

Again, the President of the United States stood here and talked about how important it was to deal with it, and yet we hadn't. Those are five among the 13 items that are addressed in H. Res. 9. And I will tell you that the committees of jurisdiction are today working on that.

Why is it that we are here today?

Well, we all know that we did pass the repeal measure out of the House of Representatives. We felt very strongly that the need to focus on some of the most flagrant examples of abuse by passing legislation out of this House needs to continue to be a priority, and that's exactly what we're doing today.

Now, I don't like the use of the word "slush fund" to be thrown around. It makes me a little uncomfortable, I have to admit. But that is a term that has been used by more than a few people to describe the funds that are granted, such funds as may be necessary and open-ended, without congressional oversight to the Secretary of Health and Human Services. And it seems to me that one of the things we need to recognize in a bipartisan way is that enhancing congressional oversight of the executive branch is an institutional issue. We have a responsibility to the American people to make sure that we scrutinize every tax dollar that is being expended, and this legislation is designed to deal with one of the major flaws in the health care bill, that being the granting, without congressional oversight, of such funds as may be necessary.

Similarly, if you look at the expansion in every way of expenditures which are not going to do anything to improve the quality of health care in this country, it seems to me that this is the right thing for us to do.

Now, procedurally, I know that my friend joins me. I'm not going to ask him to join, as Mr. DICKS has repeatedly in the past in complimenting the work of the Rules Committee, in providing for a process that allows for greater deliberation. But these two items before us are, in fact, making in order every single amendment that was submitted to the Rules Committee that is germane, complies with CutGo, does not waive the rules of the House.

We had amendments that were submitted. One of these measures is going to be considered under a modified open rule, meaning that any Member of the House will have an opportunity, assuming that they submit their amendment into the CONGRESSIONAL RECORD and if it complies with the rules of the House, they will be able to offer their amendment to this measure. We had 13

amendments submitted to the Rules Committee; five were made in order. The other seven did not comply with the rules of the House, whether non-germane or did not comply with the CutGo rule that was put into place at the beginning of this Congress.

So what we've done procedurally here under the rule that my friend from Corning, Mr. REED, is managing is we are, Mr. Speaker, providing for a chance for a free-flowing debate, what Speaker BOEHNER indicated before the election last year was absolutely essential for us to do. These are commitments that were made to the American people throughout the election process. They sent a very strong message by sending 87 new Members of the House on the Republican side, nine Members on the Democratic side, 96 newly elected Members of the House of Representatives.

But their message was to deal with this issue, ensuring that Americans have access to quality health care, but don't expand the Federal Government's involvement in it, and ensure that since we had bills dropped on us in the middle of the night, one very famous one, the cap-and-trade bill, a 300-page amendment given to us that no one had seen at 3 o'clock in the morning as the measure was being reported out, they said, read the bill. They said, make sure that you have a degree of accountability and transparency in your deliberations.

I will say, Mr. Speaker, that if you look at what's happened in the last 4 months, we have had, I believe, more amendments considered, more debate. Just take the beginning of our continuing resolution when we had 200 amendments debated here on the House floor, 90 hours of debate, more Member involvement than we had had in the entire 4 years of the last speakership.

And so, Mr. Speaker, we, today are on the right track. In a very, very responsible, transparent and open way we are addressing an issue that the American people said they wanted us to address. Our priority with this legislation is to ensure that every American has access to quality, affordable health care. That's something that we want to make happen.

I believe that the legislation that is before us today will enhance our chance to do that as we seek to reduce the size, scope, reach and control of this behemoth, our Federal Government, which has a \$14 trillion debt. With one of these measures, we're going to be saving \$14 billion, a very important step in the direction which both Democrats and Republicans alike say they want us to achieve.

I urge support of the rule.

Mr. POLIS. Mr. Speaker, I yield myself 1 minute to respond before further yielding.

The gentleman from California again identified several areas where there are opportunities for both parties to work together: allowing the sale of insurance across State lines, something I cer-

tainly support; pooling for high-risk individuals; reforming the medical liability system.

Again, it really goes to a question of if we are, in fact, repealing in part or all various parts of the health care reform, what is replacing it. When we talk about pooling of high-risk individuals, if we can put together a way of doing that, that can effectively serve as a marketplace or as an exchange.

What this bill simply does is repeal the support for the exchanges, leaving many of these with preexisting conditions, particularly those who work for small businesses or are self-employed, entirely in the lurch. As we discuss how to improve health care for the American people, it's critical to actually have the solution to the policy problem that's been identified.

The gentleman talked about an inadequate selection process with regard to the use of funds, inadequate congressional oversight. Again, why not bring a bill forward that talks about setting the right process in place to allow for the correct oversight of the use of these funds? It's a question of making it work for the American people rather than throwing the baby out with the bath water.

With that, Mr. Speaker, I am proud to yield 2 minutes to my colleague, the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS. I thank the gentleman from Colorado for yielding.

Mr. Speaker, here we are, we are at month five, and I thought that we'd be talking about job creation and spurring economic development across this country. Instead, we are yet again talking about how we can repeal elements of a health care bill that passed some time ago.

□ 1240

Nonetheless, today I rise in opposition to the rule and to the underlying bills. Let me first just say a few words about the exchanges.

In my State of Maryland, our Governor, Martin O'Malley, in working with our legislature, has been in the process of actually trying to make this work—implementing the health insurance exchanges in the State to make sure that people don't fall through the cracks. In fact, our Secretary of Health has come out with a study that shows that, by going through this process of implementing the exchange and moving through reform, we are going to create jobs and provide health care for thousands and thousands of people across the State of Maryland and for our small businesses, which want to do right by their employees by providing health care.

So I don't understand what the problem is here, and I'm a bit confused. On the one hand, the majority doesn't want to pursue a public option for millions who are uninsured. On the other hand, they don't want to make a marketplace, which is what these exchanges are, available to people to get

health care in their States. You cannot have it both ways unless you want to continue to leave millions and millions of people uninsured across this country and without health care.

In the underlying bill as well, the majority proposes in the Act to eliminate funding provided to construct, renovate and improve services at school-based health centers. In my district, the elimination of these funds would mean something very specific: The centers at Fairmont Heights High School, one of the poorest communities in our district, would be without a health center. There is Northwestern High School in Adelphi, Maryland; Oxon Hill High School in Oxon Hill, Maryland; and Broad Acres Elementary School in Silver Spring, which are serving very needed communities.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. POLIS. I yield the gentlewoman an additional 30 seconds.

Ms. EDWARDS. These school-based health care centers offer a wide range of services, from wellness checks to mental health services for our young people, which is care they wouldn't receive otherwise—or maybe they would in expensive emergency room visits in a crisis.

Studies show the link between affordable health care for our students and their education success, so I would urge my colleagues to oppose this legislation. Let's create jobs instead of dismantling a health care system.

Mr. REED. Mr. Speaker, I am pleased to yield 4½ minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the rule and of the underlying bills. I would like to draw particular attention to H.R. 1213, which would repeal a provision in the health care law that gives the Secretary of Health and Human Services unlimited spending authority with regard to State-based exchanges.

Let me start by saying that two years ago, when I came to Congress, I looked at the American health care system, and I asked: What's the problem with it?

The problem with the American health care system is that it costs too much money. It's too expensive to go to the doctor or to go to the hospital to receive medical care. If it were affordable, we could all have it. Number two, we have a segment of our population that doesn't have access to affordable health care coverage. Let's say it's a drywall or a sheetrock worker or a carpenter who may be out, working. Maybe his spouse works in a diner, let's say, and they get along just fine, but they can't afford the high premiums. Number three, we have a liability crisis in this country that is forcing the cost of health care through the roof.

Well, what did the Affordable Health Care Act do? It did do number two. It

expanded coverage for some people in this 2,500-page bill—remember, it's this thick—but it did nothing to help curb the costs, and it did nothing for liability, which is forcing the costs of health insurance coverage higher for all of us. I've seen it in my own State of Tennessee. The enactment of this legislation we are talking about today will take \$14 billion that we don't have.

Let me just say this: What worries me about Washington, D.C., is that we didn't get the memo. We're broke here. Number two, what is that \$14 billion going to do? It's not going to put one more patient in my office who I can see and treat. It's going to the bureaucracy. I see it in education. I see it in commerce. I see the beast, the Federal Government beast, just getting larger and larger and larger. The money doesn't actually get down to a patient for whom I can write a prescription so he can then go to a pharmacy, get the prescription filled, and then get his health care.

So we talk about several simple things that the chairman spoke about just a moment ago very eloquently, and let me show you an example.

I have a Health Savings Account. This little card right here is a debit card. I don't have to fool with the insurance company. I don't have to fool with the Federal Government. I don't have to fool with anybody. I fool with me and my doctor; and who should be making health care decisions are patients and their physicians, not an exchange and not all of this. That's just going to complicate it. I go in with this, and I pay for it, and I usually get a significant discount when I do that.

There are a couple of other things that you can do. Just remember, as to this 2,500-page bill, Mr. Speaker, you could have done two-thirds of it with two paragraphs. One which I agree with, which is in the bill—and it's one of the few things I do agree with—is to simply let children stay on their parents' plans. Pick your age—25, 26, 27. Number two, simply sign up people who are already eligible for government programs. That's SCHIP and Medicaid. If you do those two things, you can cover nearly 20 million people without this complex, almost incomprehensible bill. We have a Secretary who really has a fungible account from which she can spend billions of dollars that are really unaccounted for. Also, we are knee-deep in red ink. That's the major problem with granting the Secretary access to the Federal Treasury.

The exchanges mandated by this affordable health care law are the first step for Washington bureaucrats in really getting more control of our health care system. Don't get me wrong. I am absolutely for consumer choice because I believe consumer-driven health care is the only way to keep costs down. I think, if we don't do that, you will never get the costs going in the right direction. Instead, this creates a top-down mandate for the type of insurance that will be made avail-

able in these exchanges. Remember, when you're looking at this Affordable Health Care Act, the government—not you, the patient, as an individual, as a person, and not the doctor—decides what is an adequate health care plan. So these exchanges are basically just an excuse for unelected Washington bureaucrats to really make our health care decisions for us.

Mr. Speaker, this is not a free market system. It's basically central planning. Patients should be allowed to choose which benefits they want when buying their insurance plans. By passing H.R. 1213, Congress would send a message that we want health care reform that puts the patients first.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. REED. I yield the gentleman an additional minute.

Mr. ROE of Tennessee. There are another couple of things that are very simple in lowering the costs of health care.

It is difficult to cover people in small businesses. There is no question about that. Association health plans allow you to do that, to group and become large groups. There is a second thing you can do that really is so simple I don't know why we haven't done it. I spent a year, when I was running for Congress and after I left my medical practice, and I had to buy an individual insurance policy. It was very expensive. Many people out there in small businesses or individuals who work on farms or in other places do the same thing. To make that insurance more affordable, not only could you have an association health plan, but number two, as an individual, you could have allowed me to deduct my health premiums just like a big business does, just like a huge corporation does, and you would have automatically lowered my cost by 35 percent and would have made insurance more affordable.

So there are many things we could do. This is not what we should be doing. I would urge a vote for the rule.

Mr. POLIS. Mr. Speaker, I yield myself 30 seconds to respond really briefly.

In the minority report from the committee, it discusses the oversight of the exchanges. Specifically, the Government Accountability Office is required to review the operations and the administration of the exchanges. In addition, not one, not two, but three congressional committees—Energy and Commerce, Oversight and Government Reform, and other congressional committees—can provide the oversight of the implementation of the Affordable Health Care Act according to section 1311.

Again, if there is additional oversight, as the gentleman from California seeks, why are we not discussing a bill that provides additional oversight? We all want this money to be spent correctly and well.

With that, I am proud to yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, this is an open dialogue with the American people through their Members of Congress.

I thank the gentleman from Colorado, and I thank the manager of the majority, but this is an open dialogue.

To my good friend from Tennessee, who may not have read the bill the Affordable Health Care Act and who may have missed the fact that Health Savings Accounts are allowed, no one is blocking anyone, and the accounts are considered "sufficient" under that bill. So, if you desire to have a Health Savings Account, so be it, but those savings accounts really adhere to those who are more wealthy and who are more endowed with finances.

□ 1250

What these repeal bills will do, both H.R. 1213 and H.R. 1214—and I was hoping the Rules Committee would have voided these bills and not allow them to go forward, but they did not. I thank them for the amendment that they gave me and the respect they gave me in the time that we were before that committee.

But the fact is that the exchanges are to allow those who do not have means to get into an open market, the same thing that our Republican friends have been talking about, to allow people to go across State lines to buy the cheapest State policy or the policy that they can for families that have the sickest of the sick, children that are disabled, others that are in need who heretofore have been blocked.

By the way, the Affordable Care Act takes away the bar of anyone who has a preexisting condition, such as pregnancy, from not being able to get insurance. What is wrong with that?

By the way, the Congressional Budget Office, an independent budget office, says that if we repeal these provisions, the exchange, the premiums of the American people, the farmer, the small business will go up and not down. Go up. What more common sense can you have as a reason for voting against these bills and voting against the rule?

H.R. 1214 has to do with school-based clinics. That is an innovative concept. In fact, as a member of the Homeland Security Committee, we have begun to think of schools as a site for individuals if they are built in this new structure, the way they are funded, to be able to be designed in a way to ensure that they are secure as a site for evacuation, a place to go when there is a disaster. That means that a school-based clinic can be part of the community health system will be available in times of emergencies. What sense does it make to eliminate the opportunity to improve a community's safety and security in these times of trouble and questioning about terrorism, finding a place where the community could go?

I don't know whether there are structures in Alabama that could have withstood these horrible tornados, but we are trying to build schools now to be

more safe and secure. So both of these bills make no common sense. Some 1,900 school-based clinics serve our children and their extended families. Do we want a community and a Nation that is healthier, or do we want to have a Nation of sick people?

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. POLIS. I yield an additional 30 seconds.

Ms. JACKSON LEE of Texas. I thank the gentleman from Colorado for his kindness.

This is what these two bills will allow us to become: One, to ignore those who don't have the resources for a health savings account, are not packing big wads of money in their pocket, to be able to say I can independently go out and get insurance based upon the monies that I am going to put into some kind of account.

Fine for those who can do it. But I can assure you, the Nation's farmers and small businesses are glad to be able to know that their employees can go into an exchange. They are also glad to know there are tax incentives just for them in this bill.

And, finally, I would say the Nation's parents, single parents, parents that are making ends meet are glad for school-based clinics.

Vote against the rule and the underlying bill.

Mr. REED. Mr. Speaker, I yield 1 minute to my colleague from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I have read the bill, all pages of it. I won't say that says a whole lot about my intelligence, but I did read the entire health care bill. When you speak of HSAs only being for wealthy people, that is absolutely not correct.

In my own practice, we have offered the 300 people or so who get insurance through our practice, we allow them to get a traditional health insurance policy or an HSA, and over 3 out of 4 people choose an HSA. And why is that? Because they make the health care decisions, not an insurance company and not a bureaucrat.

Ms. JACKSON LEE of Texas. Will the gentleman yield?

Mr. ROE of Tennessee. I yield to the gentlelady from Texas.

Ms. JACKSON LEE of Texas. I thank the gentleman for his correction.

My point would be, is it not okay then for your patients to use the health savings account but also okay for those who still may not have the resources to go into an exchange? Aren't we trying to do the same thing, which is to make sure everyone of all means available can in fact have insurance?

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. REED. I yield the gentleman 2 additional minutes.

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Absolutely. What our goal is is to provide affordable health insurance coverage for all Americans. There is no

question that I would like to see that in my tenure here in this House, in this body. The problem we have is, how do you get there?

I think the Democratic side is to expand the bureaucracy, more government control. IPAB is a perfect example, and the President spoke of that, and our Medicare patients. I think that is a terrible idea. As a matter of fact, it is a terrible idea. We want to do that. I know there is a way to do it. And, again, to hold the costs down. Remember, that is the problem.

The gentlelady from Texas made a point that insurance premiums would go up. Insurance premiums are going up in anticipation of this particular health plan because, why? The government decides what you must have. You don't get to make that decision yourself. That is done by a bureaucrat, it is done by Congress or whoever decides what is in the plan.

I will give you an example, Mr. Speaker. I don't need in my family fertility coverage at my age. I have three grown children that are raised, educated, have health insurance, good jobs. But I probably will have to have that, because that is a plan that someone else will decide I need—to have fertility coverage. There are things in those bills that I don't need to have personally that I should be able to pick out. And I am just one example. People across this country ought to be making those decisions, not the Federal Government and not a bureaucrat.

Ultimately, what is going to happen in our health care system is, because resources are finite, is that care is going to be rationed. Is the government going to ration it, or are a patient and a doctor going to make those health care decisions? I trust the patient and the doctor to make those health care decisions.

Mr. POLIS. I yield myself 15 seconds just to restate what my colleague, the gentlewoman from Maryland, stated: If the Republicans are against the public option, if they are against the private option in the form of the exchanges, the only option left is pay more insurance premium. That simply is not acceptable to the American people.

With that, Mr. Speaker, I yield 3½ minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Mr. Speaker, I guess I don't understand. I don't understand what our Republican colleagues want to accomplish here.

They talk about free market. They talk about the need to provide options and opportunities. I think that is exactly what an exchange does, so I don't quite understand what this is all about.

I was the insurance commissioner, the elected insurance commissioner in California in 1991, and we set up an exchange. Unfortunately, Governor Wilson vetoed it; otherwise, we would have had this exchange years ago. And 1 year ago, the California legislature, with the signature of a Republican, Governor Schwarzenegger, created an

exchange based upon the Affordable Health Care Act and they want to put it into effect.

The Republican proposal here on the floor would make it impossible for California to do what it wants to do; that is, set up a marketplace in which people have access to insurance. The notion being that, by creating the exchange, you spread the risk over many, many different populations so that, like a huge corporation, you have an opportunity as an individual purchaser or a small business to participate in a large pool and accept the lower rate of insurance.

So what is this all about? What are you trying to accomplish here? Is it some ideology that you just simply can't stand the Affordable Health Care Act and you want to rip it apart piece by piece? Apparently so. And you just don't want to stop there. You are going after Medicare, a program that has been in effect for 42 years, that provides a universal insurance policy to anyone over 65. You are going to terminate Medicare. What is that all about? And give it to an insurance company and not have an exchange?

So what is an individual going to do when they are 65 and possessing all kinds of preexisting conditions? Go without insurance? Be at the mercy of the insurance company? And, by the way, you want to repeal all of the insurance reforms, all of the protections that individuals have in the Affordable Health Care Act.

This doesn't make much sense to me. I don't understand what your goal is here, except maybe to have some political scorecard you can say, yeah, we repealed the Affordable Health Care Act. Good for us. But what effect to the population of America? No exchanges? They are gone. No opportunity for small businesses to enjoy a large market, a large pool in which they can have a lower price? They are gone.

Oh, I see. You can have an association health plan. I spent 8 years of my life chasing after association health plans that were frauds. They were out and out frauds, sold across State lines.

□ 1300

Is that what you want? Apparently so. I don't get it.

I don't understand what the goal is here. The Affordable Health Care Act establishes an exchange allowing individuals and small businesses to be part of a large pool, to have four different options on their insurance. And you want to do away with it. I don't get it. You want to do away with clinics in schools so that kids can have access to health care. I don't understand.

You have cut all the money out from the community clinics so that people have to go to the emergency rooms in a more expensive situation. What is this all about? I don't understand what the goal is that our Republican colleagues have in mind. The exchanges make sense. They create a marketplace for small businesses.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. I will be happy to yield an additional 30 seconds to the gentleman from California.

Mr. GARAMENDI. The exchanges create a market, ladies and gentlemen. They create a market. It is a market-driven program in which competition occurs, competition between the insurance companies who have to offer quality and price.

Have you got a problem with competition? Apparently so. You want to do away with the exchanges. Apparently what you really want to do is to hand the entire game over to the insurance companies, removing all of the controls, removing all of the necessity for them to compete, and apparently create some sort of an association plan so the public can be ripped off.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are advised to address their comments to the Chair and not to others in the second person.

Mr. REED. Mr. Speaker, I yield 1 minute to my colleague from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. I thank the gentleman for yielding.

Mr. Speaker, in Tennessee, 17, 18 years ago now, we tried TennCare with sort of an exchange. We have had seven or eight different plans competing for your business, and in 10 years the costs tripled in our State because of the intervention of the government.

Medicare, I want to speak to that very quickly. If you're 65 years of age and you have Medicare, you keep it. If you're 55, if the Ryan plan goes through, you keep it. If you're younger and you're a more affluent senior, like I am, you're going to pay for your health insurance. Yes, you are. If you're someone like me with a higher income, you are. If you're lower income and you're sick, you're not. The Federal Government will act like your employer does if you have the employer-based insurance. That part of the premium is paid by them. You pay your part of the premium. Again, it will be means-tested for a higher-income senior.

Why do we think that will work? Because the only plan that I have seen this government ever pass that has come in under budget is Medicare part D. So I think there is a real chance for this to help hold costs down.

Mr. POLIS. I am happy to yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Let's be very, very clear about this. The Republican proposal, the Republican budget proposal that is before this Congress, terminates Medicare as we have had it since 1965. For those young men and women who are not yet 55, they will never see Medicare. It's over. And instead of having Medicare, which is a guaranteed health insurance program, when they retire at the age of 65, they will be given a voucher that will be worth a

percentage of what the insurance will cost. They will be thrown into the market at an age where they have pre-existing conditions. And under the Republican proposal, there are no—there are no ways in which they are going to be protected from the insurance companies, who we know have one motive, and that is profit before people. Profit before people is the way it has been for the health insurance companies from the get-go, and that is precisely what the Republicans want to give us.

We will not have it. While they're at it, they want to take those reductions in Medicare expenditures and continue giving money to the wealthiest people in America so that the wealthiest people in America can continue to enjoy ever more wealth, while the middle class enjoys ever more poverty. It is an abomination, and there is no way this Nation should abandon a proven program that for 42 years has provided quality medical care to seniors.

Now, do you want to go after the cost in medicine? Then let's go after the overall cost of medicine, not deny to tomorrow's seniors the benefit of Medicare. It is time to understand precisely what the Republican budget does. It terminates Medicare, while giving benefits to the wealthiest Americans. It should not happen.

Mr. REED. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. POLIS. I yield myself the balance of my time.

Mr. Speaker, I want to further discuss the benefits of school-based health centers. A wide range of research and evaluations have demonstrated that school-based health centers are cost-effective investments in our Nation's health care safety net for children and adolescents and also help improve academic performance.

Now, each school-based health program is different, as they should be. Some of the services often include things like well-child and well-adolescent exams, immunizations, treatment for illness or injury, including management of chronic conditions, like obesity, diabetes and asthma; and they also frequently include services like mental health assessment and treatment, prevention programs to help reduce smoking, to help reduce teenage pregnancy rates, to help reduce violence. They frequently include substance abuse counseling and nutrition counseling, as well as dental cleaning.

These are services that prevent costly emergency services and hospitalizations later and help keep kids in school where they should be learning. Most importantly, stronger school-based health centers lead to stronger, more successful children and adolescents across the country. By bringing health care services to the children where they spend most of their day, at school, school-based health centers are a sensible and inexpensive way to deliver basic health care services to children all over the country.

This unwise legislation undermines our fiscal condition by wasting an opportunity to leverage local funding. Providing capital support to school-based health centers is a Federal investment that is a good deal for taxpayers. That is because when we provide modest Federal support to school capital projects, local and State funding, in partnership with nonprofits and community health clinics, is spent on operating activities, staffing and other equipment. What a great value for our Federal dollar.

Likewise, the value of this Federal investment is immense to local districts, many of whom are at their bonding capacity, who can't build school-based health centers on their own. However, many of these districts will benefit tremendously, and the students and families, from school-based health care clinics.

The research is clear, Mr. Speaker. Over a decade of studies consistently find positive benefits of school-based health centers. These benefits include better student academic achievement, increased school attendance and reduced tardiness among inner-city children who receive counseling in the school-based health center, fewer school discipline referrals for students who receive mental health services, and increased learning readiness and parental involvement.

As we discuss in this Congress reducing the learning gap, helping all students achieve, and ensuring that every American, regardless of where they live, has access to hope and opportunity through a quality education, school-based health care clinics are an important part of the solution.

In Colorado alone, there are 46 school-based health care clinics in 18 school districts, including one in the Summit County School District, which I represent, which is applying for funding under this program, and another applicant from Eagle County, Colorado. Eight other Colorado applications are going forward under this opportunity, as they are throughout the Nation.

This is the initiative, Mr. Speaker, that Republicans are seeking to eliminate. They say they want a fiscally responsible budget and more jobs, but what we see instead is their priority to stop programs that save money and create jobs and increase student achievement and learning, like school-based health care centers.

There can be no doubt about how the new majority is going about its business. There are no attempts to find common ground, like we have in House Resolution 9, and to work on ways to improve health care or to implement pooling mechanisms or to allow purchasing across State lines of insurance policies. Rather, we are dealing with press releases disguised as legislation that will neither pass the other body nor be signed into law.

□ 1310

That's not governance. That's immaturity. And the only Americans being

asked to sacrifice in the name of deficit reduction are those who have very little, if not nothing, left to lose and no real way to fight back. That's not leadership.

Mr. Speaker, we can and must do better. I urge my colleagues to oppose the rule and the underlying bill.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule to provide that immediately after the House adopts this rule, it will bring up H.R. 1366, the National Manufacturing Strategy Act of 2011. This bill, introduced by Mr. LIPINSKI of Illinois, will require the President to develop a national manufacturing strategy in order to boost traditional and high-tech manufacturing, spur American job growth, and strengthen the middle class.

This bill passed the House on a bipartisan vote of 379–38 in the 111th Congress. Manufacturing is a cornerstone of our Nation's economy. The U.S. Government, through its policies and programs, has major influence on our manufacturing base, and our national security, energy, and transportation systems rely on that base. We must unify government programs, leading to increased efficiency, and promote policies to promote our domestic manufacturing base to help our competitiveness in the global market.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD along with extraneous material immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. Mr. Speaker, I urge my colleagues to vote "no" and defeat the previous question so we can debate and pass jobs legislation today, rather than legislation to increase the health care premiums that Americans pay.

I urge a "no" vote on the rule and the underlying bill, and I yield back the balance of my time.

Mr. REED. In closing on these two important bills that are now before this House, I say that H.R. 1213 and H.R. 1214 are dealing with an issue that the former Speaker of the House envisioned when she said during the debate on the underlying health care bill, ObamaCare, that Congress needed to pass the bill so the American public could find out what is in it. Well, we're finding out what's in it.

These two bills will address provisions that dictate and mandate billions of dollars of spending without any additional congressional oversight. To me, that is the critical piece. That is the critical piece and why I urge my colleagues to support this rule and pass this legislation, because this body must stand up and adhere to its institutional responsibilities of controlling the spending of our country because we are broke. That's what an army was sent here to do in November, and I'm proud to be part of that freshman class

of 87 Republican Members of the House that are coming here and looking at every dime, every dollar that is being spent here in our Nation's capital, because our Nation cannot afford it anymore, and no longer will we pass the buck on to our children and our grandchildren so that they have to pay this bill that we are no longer taking care of here in Washington, D.C.

I would say that what we're trying to do with this health care debate is put back into the debate in front of the American public the focus of this new Republican majority, and that is we are going to deal with this problem by getting to the root of the problem. The root of this problem is increasing health care costs that are going through the roof. What we're dealing with here when we look at the underlying ObamaCare package is we're trying to minimize and mitigate health insurance costs. That's a piece of the puzzle. But the crux of the issue and the fundamental issue that we face is the increasing costs of health care, and that is what we are doing on this side of the aisle. And we are focusing day and night to make sure that we engage in responsible oversight, we strip the mandatory language of spending that is being created out of these bills, and we go forward so our children and grandchildren will have a greater future than we envisioned and enjoyed in our lifetimes.

Mr. LIPINSKI. Mr. Speaker, while today our Nation continues to confront many challenges, I persist in believing that the primary challenge we must address is job creation and economic growth. So rather than considering more bills to chip away at minor provisions of the Affordable Care Act, we should be debating bills that will stimulate our economy, improve our competitiveness, and help people get back to work. For that reason, I urge my colleagues to oppose the previous question, and allow the House of Representatives to debate the National Manufacturing Strategy Act, H.R. 1366, a bipartisan bill which I was proud to reintroduce earlier this year.

A national manufacturing strategy would help produce more private sector jobs and shore-up America's defense capabilities. My legislation would require the Administration to collaborate with the private sector to conduct a thorough analysis of the various factors that affect American manufacturing, consider the multitude of current government programs related to manufacturing, and identify goals and recommendations for federal, State, local and private sector entities to pursue in order to achieve the greatest economic opportunity for manufacturers in America. The strategy's implementation would be assessed annually and the strategy as a whole would have to be revisited every four years, so that we can reassess the global market and technological development, and plot a revised framework.

Why is a national manufacturing strategy necessary? Because the federal government has significant and broad influence on the domestic environment for manufacturing and our national security, energy, and transportation systems all rely on our manufacturing base. Yet there is little to unify the various programs and policies that exist throughout the govern-

ment that impact our domestic manufacturing base and its place in world markets. Unfortunately, for too long the government's promotion of manufacturing has been ad hoc, stovepiped and too reactive to economic downturns. Instead, we need to be proactive, organized across the government, and encouraging of those who want to pursue emerging markets and competitive technologies.

Furthermore, it is a matter of international competitiveness for our Nation. A number of our economic competitors—including Brazil, Canada, China, Germany, India, Singapore, South Africa, Russia, and the United Kingdom, among others—have developed and implemented national manufacturing strategies. As a recent report from the Information Technology and Innovation Foundation, entitled "The Case for a National Manufacturing Strategy", stated: "But most U.S. manufacturers, small or large, cannot thrive solely on their own; they need to operate in an environment grounded in smart economic and innovation-supporting policies . . . Unfortunately, while many other nations—and indeed many U.S. states—are taking steps to boost the competitiveness of their manufacturing industries, the United States lacks a clear, coherent strategy to bolster the competitiveness of manufacturing firms of all sizes and all sectors, a shortcoming that must be rectified if the United States hopes to 'win the future' in manufacturing."

This legislation enjoys widespread, bipartisan support from a range of industrial sectors, labor, and the public. This bill passed the House last year by an overwhelming vote of 379–38, demonstrating that we have had the commitment to focus on the jobs and economy—a mission that we should be working to restore. This year, my legislation has also garnered the support of a bipartisan group of 26 of our colleagues who have cosponsored the bill, as well as the endorsement by the American Iron and Steel Institute, the Association of Manufacturing Technology, the AFL–CIO, the Precision Metalforming Association and the National Tooling & Machining Association. Finally, a bipartisan poll conducted last year for the Alliance for American Manufacturing found that 78 percent favor "a national manufacturing strategy aimed at getting economic, tax, labor, and trade policies working together," and 90 percent want some action to revitalize manufacturing.

I urge my colleagues in the House to join me in calling for action on jobs and the economy. While we have witnessed some positive economic progress, we still have a long way to go in getting Americans back to work. We cannot continue to sit idly as our manufacturing base and quality, well-paying jobs depart for China, India or elsewhere. We must take action to provide a competitive and focused foundation for those who will continue to make it in America, and we can do so now by passing the National Manufacturing Strategy Act.

The material previously referred to by Mr. POLIS is as follows:

AN AMENDMENT TO H. RES. 236 OFFERED BY
MR. POLIS OF COLORADO

At the end of the resolution, add the following new sections:

SEC. 3. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole

House on the state of the Union for consideration of the bill (H.R. 1366) to require the President to prepare a quadrennial national manufacturing strategy, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. The bill shall be considered as read. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the Majority Leader and Minority Leader or their respective designees. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

Sec. 4. Clause 1(c) of rule XIX shall not apply to the consideration of the bill specified in section 3 of this resolution.

(The information contained herein was provided by the Republican Minority on multiple occasions throughout the 110th and 111th Congresses.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's *Precedents of the House of Representatives* (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Republican majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Al-

though it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's *Procedure in the U.S. House of Representatives*, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. REED. Mr. Speaker, I urge the adoption of this rule.

I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adoption of the resolution if it is ordered.

The vote was taken by electronic device, and there were—yeas 234, nays 185, not voting 13, as follows:

[Roll No. 279]

YEAS—234

Adams	Buchanan	Diaz-Balart
Aderholt	Bucshon	Dold
Akin	Buerkle	Dreier
Alexander	Burgess	Duffy
Altmire	Burton (IN)	Duncan (SC)
Amash	Calvert	Duncan (TN)
Austria	Camp	Ellmers
Bachmann	Campbell	Farenthold
Bachus	Canseco	Fincher
Barletta	Cantor	Fitzpatrick
Bartlett	Capito	Flake
Barton (TX)	Carter	Fleischmann
Bass (NH)	Chabot	Fleming
Benishek	Chaffetz	Flores
Berg	Coble	Forbes
Biggert	Coffman (CO)	Fortenberry
Bilirakis	Cole	Fox
Bishop (UT)	Conaway	Franks (AZ)
Black	Cravaack	Frelinghuysen
Blackburn	Crawford	Galleghy
Bonner	Crenshaw	Gardner
Bono Mack	Culbertson	Garrett
Boren	Davis (KY)	Gerlach
Boustany	Denham	Gibbs
Brady (TX)	Dent	Gibson
Brooks	DesJarlais	Gingrey (GA)

Gohmert	Lungren, Daniel	Rohrabacher
Goodlatte	E.	Rokita
Gosar	Mack	Rooney
Gowdy	Manzullo	Ros-Lehtinen
Granger	Marino	Roskam
Graves (GA)	McCarthy (CA)	Ross (FL)
Graves (MO)	McCaul	Royce
Griffin (AR)	McClintock	Runyan
Griffith (VA)	McCotter	Ryan (WI)
Grimm	McHenry	Scalise
Guinta	McKeon	Schilling
Guthrie	McKinley	Schmidt
Hall	McMorris	Schock
Hanna	Rodgers	Schweikert
Harper	Meehan	Scott (SC)
Harris	Mica	Scott, Austin
Hartzler	Miller (FL)	Sensenbrenner
Hastings (WA)	Miller (MI)	Sessions
Hayworth	Miller, Gary	Shimkus
Heck	Mulvaney	Shuler
Hensarling	Murphy (PA)	Shuster
Herger	Myrick	Simpson
Herrera Beutler	Neugebauer	Smith (NE)
Huelskamp	Noem	Smith (NJ)
Huizenga (MI)	Nugent	Smith (TX)
Hunter	Nunes	Southerland
Hurt	Nunnelee	Stearns
Issa	Olson	Stivers
Jenkins	Palazzo	Stutzman
Johnson (IL)	Paul	Sullivan
Johnson (OH)	Paulsen	Terry
Jones	Pearce	Thompson (PA)
Jordan	Pence	Thornberry
Kelly	Petri	Tiberi
King (IA)	Pitts	Tipton
King (NY)	Platts	Turner
Kingston	Poe (TX)	Upton
Kinzinger (IL)	Pompeo	Walberg
Kline	Posey	Walsh
Labrador	Price (GA)	Walsh (IL)
Lamborn	Quayle	Webster
Lance	Reed	West
Landry	Rehberg	Westmoreland
Lankford	Reichert	Whitfield
Latham	Renacci	Wilson (SC)
LaTourette	Ribble	Wittman
Latta	Rigell	Wolf
Lewis (CA)	Rivera	Womack
LoBiondo	Roby	Woodall
Long	Roe (TN)	Yoder
Lucas	Rogers (AL)	Young (AK)
Luetkemeyer	Rogers (KY)	Young (IN)
Lummis	Rogers (MI)	

NAYS—185

Ackerman	Davis (IL)	Kaptur
Andrews	DeFazio	Keating
Baca	DeGette	Kildee
Baldwin	DeLauro	Kind
Barrow	Deuth	Kissell
Bass (CA)	Dicks	Kucinich
Becerra	Dingell	Langevin
Berkley	Doggett	Larsen (WA)
Berman	Donnelly (IN)	Larson (CT)
Bishop (GA)	Doyle	Lee (CA)
Bishop (NY)	Edwards	Levin
Blumenauer	Ellison	Lewis (GA)
Boswell	Engel	Loebsack
Brady (PA)	Eshoo	Lofgren, Zoe
Braley (IA)	Farr	Lowey
Brown (FL)	Fattah	Lujan
Butterfield	Filner	Lynch
Capps	Frank (MA)	Maloney
Capuano	Fudge	Markey
Cardoza	Garamendi	Matheson
Carnahan	Gonzalez	Matsui
Carney	Green, Al	McCarthy (NY)
Carson (IN)	Green, Gene	McCollum
Castor (FL)	Grijalva	McDermott
Chandler	Gutierrez	McGovern
Chu	Hanabusa	McIntyre
Ciulline	Hastings (FL)	McNerney
Clarke (MI)	Heinrich	Meeks
Clarke (NY)	Higgins	Michaud
Clay	Himes	Miller (NC)
Cleaver	Hinchey	Miller, George
Clyburn	Hinojosa	Moore
Cohen	Hirono	Moran
Connolly (VA)	Holden	Murphy (CT)
Conyers	Holt	Nader
Cooper	Honda	Napolitano
Costa	Hoyer	Neal
Costello	Inslee	Olver
Courtney	Israel	Owens
Critz	Jackson (IL)	Pallone
Crowley	Jackson Lee	Pascarell
Cuellar	(TX)	Pastor (AZ)
Cummings	Johnson (GA)	Payne
Davis (CA)	Johnson, E. B.	Pelosi

Perlmutter
 Peters
 Peterson
 Pingree (ME)
 Polis
 Price (NC)
 Quigley
 Rahall
 Rangel
 Reyes
 Richardson
 Richmond
 Ross (AR)
 Rothman (NJ)
 Roybal-Allard
 Ruppersberger
 Ryan (OH)
 Sánchez, Linda
 T.

Sanchez, Loretta
 Sarbanes
 Schakowsky
 Schiff
 Schrader
 Schwartz
 Scott (VA)
 Scott, David
 Serrano
 Sewell
 Sherman
 Sires
 Slaughter
 Smith (WA)
 Speier
 Sutton
 Thompson (CA)
 Thompson (MS)
 Tierney

Tonko
 Towns
 Tsongas
 Van Hollen
 Velázquez
 Visclosky
 Walz (MN)
 Wasserman
 Schultz
 Waters
 Watt
 Waxman
 Weiner
 Welch
 Wilson (FL)
 Woolsey
 Wu
 Yarmuth

NOT VOTING—13

Bilbray
 Broun (GA)
 Cassidy
 Emerson
 Giffords

Heller
 Hultgren
 Johnson, Sam
 Lipinski
 Marchant

Rush
 Stark
 Young (FL)

□ 1340

Messrs. HIGGINS, CLARKE of Michigan, Mrs. MALONEY, Mr. MCINTYRE, Ms. VELÁZQUEZ and Mr. FATTAH changed their vote from “yea” to “nay.”

So the previous question was ordered. The result of the vote was announced as above recorded.

Stated for:

Mr. HULTGREN. Mr. Speaker, on rollcall No. 279 I was unavoidably detained. Had I been present, I would have voted “yea.”

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. POLIS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 237, noes 185, not voting 10, as follows:

[Roll No. 280]

AYES—237

Adams
 Aderholt
 Akin
 Alexander
 Altmire
 Amash
 Austria
 Bachmann
 Bachus
 Barletta
 Bartlett
 Barton (TX)
 Bass (NH)
 Benishek
 Berg
 Biggert
 Billirakis
 Bishop (UT)
 Black
 Blackburn
 Bonner
 Bono Mack
 Boren
 Boustany
 Brady (TX)
 Brooks
 Buchanan
 Bucshon
 Buerkle
 Burgess
 Burton (IN)
 Calvert
 Camp
 Campbell

Canseco
 Cantor
 Capito
 Carter
 Chabot
 Chaffetz
 Coble
 Coffman (CO)
 Cole
 Conaway
 Cravaack
 Crawford
 Crenshaw
 Culberson
 Davis (KY)
 Denham
 Dent
 DesJarlais
 Diaz-Balart
 Dold
 Dreier
 Duffy
 Duncan (SC)
 Duncan (TN)
 Ellmers
 Farenthold
 Fincher
 Fitzpatrick
 Flake
 Fleischmann
 Fleming
 Flores
 Forbes
 Fortenberry

Fox
 Franks (AZ)
 Frelinghuysen
 Gallegly
 Gardner
 Garrett
 Gerlach
 Gibbs
 Gibson
 Gingrey (GA)
 Gohmert
 Goodlatte
 Gosar
 Gowdy
 Granger
 Graves (GA)
 Graves (MO)
 Griffin (AR)
 Griffith (VA)
 Grimm
 Guinta
 Guthrie
 Hall
 Hanna
 Harper
 Harris
 Hartzer
 Hastings (WA)
 Hayworth
 Heck
 Hensarling
 Herger
 Herrera Beutler
 Huelkamp

Huizenga (MI)
 Hultgren
 Hunter
 Hurt
 Issa
 Jenkins
 Johnson (IL)
 Johnson (OH)
 Jones
 Jordan
 Kelly
 King (IA)
 King (NY)
 Kingston
 Kinzinger (IL)
 Kline
 Labrador
 Lamborn
 Lance
 Landry
 Lankford
 Latham
 LaTourette
 Latta
 Lewis (CA)
 LoBiondo
 Long
 Lucas
 Luetkemeyer
 Lummis
 Lungren, Daniel
 E.
 Mack
 Manzullo
 Marchant
 Marino
 McCarthy (CA)
 McCaul
 McClintock
 McCotter
 McHenry
 McIntyre
 McKeon
 McKinley
 McMorris
 Rodgers

Meehan
 Mica
 Miller (FL)
 Miller (MI)
 Miller, Gary
 Mulvaney
 Murphy (PA)
 Myrick
 Neugebauer
 Noem
 Nugent
 Nunes
 Nunnelee
 Olson
 Palazzo
 Paul
 Paulsen
 Pearce
 Pence
 Petri
 Pitts
 Platts
 Poe (TX)
 Pompeo
 Posey
 Price (GA)
 Quayle
 Reed
 Rehberg
 Reichert
 Renacci
 Ribble
 Rigell
 Rivera
 Roby
 Roe (TN)
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Rokita
 Rooney
 Ros-Lehtinen
 Roskam
 Ross (FL)
 Royce

Runyan
 Ryan (WI)
 Scalise
 Schilling
 Schmidt
 Schock
 Schweikert
 Scott (SC)
 Scott, Austin
 Sensenbrenner
 Sessions
 Shimkus
 Shuler
 Shuster
 Simpson
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Southerland
 Stearns
 Stivers
 Stutzman
 Sullivan
 Terry
 Thompson (PA)
 Thornberry
 Tiberi
 Tipton
 Turner
 Upton
 Walberg
 Walden
 Walsh (IL)
 Webster
 West
 Westmoreland
 Whitfield
 Wilson (SC)
 Wittman
 Wolf
 Womack
 Woodall
 Yoder
 Young (AK)
 Young (IN)

NOES—185

Ackerman
 Andrews
 Baca
 Baldwin
 Barrow
 Bass (CA)
 Becerra
 Berkley
 Berman
 Bishop (GA)
 Bishop (NY)
 Blumenauer
 Boswell
 Brady (PA)
 Braley (IA)
 Brown (FL)
 Butterfield
 Capps
 Capuano
 Cardoza
 Carnahan
 Carney
 Carson (IN)
 Castor (FL)
 Chandler
 Chu
 Cicilline
 Clarke (MI)
 Clarke (NY)
 Clay
 Cleaver
 Clyburn
 Cohen
 Connolly (VA)
 Conyers
 Cooper
 Costa
 Costello
 Courtney
 Critz
 Crowley
 Cuellar
 Cummings
 Davis (CA)
 Davis (IL)
 DeFazio
 DeGette
 DeLauro
 Deutch
 Dicks
 Dingell

Doggett
 Donnelly (IN)
 Doyle
 Edwards
 Ellison
 Engel
 Eshoo
 Farr
 Fattah
 Filner
 Frank (MA)
 Fudge
 Garamendi
 Gonzalez
 Green, Al
 Green, Gene
 Grijalva
 Gutierrez
 Hanabusa
 Hastings (FL)
 Heinrich
 Higgins
 Himes
 Hinchey
 Hinojosa
 Hirono
 Holden
 Holt
 Honda
 Hoyer
 Inslee
 Israel
 Jackson (IL)
 Jackson Lee
 (TX)
 Johnson (GA)
 Johnson, E. B.
 Kaptur
 Keating
 Kildee
 Kind
 Kissell
 Kucinich
 Langevin
 Larsen (WA)
 Larson (CT)
 Lee (CA)
 Levin
 Lewis (GA)
 Loebsack
 Lofgren, Zoe

Lowey
 Luján
 Lynch
 Maloney
 Markey
 Matheson
 Matsui
 McCarthy (NY)
 McCollum
 McDermott
 McGovern
 McNeerney
 Meeks
 Michaud
 Miller (NC)
 Miller, George
 Moore
 Moran
 Murphy (CT)
 Nadler
 Napolitano
 Neal
 Oliver
 Owens
 Pallone
 Pascarell
 Pastor (AZ)
 Payne
 Pelosi
 Perlmutter
 Peters
 Peterson
 Pingree (ME)
 Polis
 Price (NC)
 Quigley
 Rahall
 Rangel
 Reyes
 Richardson
 Richmond
 Ross (AR)
 Rothman (NJ)
 Roybal-Allard
 Ruppersberger
 Ryan (OH)
 Sánchez, Linda
 T.
 Sanchez, Loretta
 Sarbanes
 Schakowsky

Schiff
 Schrader
 Schwartz
 Scott (VA)
 Scott, David
 Serrano
 Sewell
 Sherman
 Sires
 Slaughter
 Smith (WA)
 Speier

Stark
 Sutton
 Thompson (CA)
 Thompson (MS)
 Tierney
 Tonko
 Towns
 Tsongas
 Van Hollen
 Velázquez
 Visclosky
 Walz (MN)

Wasserman
 Schultz
 Waters
 Watt
 Waxman
 Weiner
 Welch
 Wilson (FL)
 Woolsey
 Wu
 Yarmuth

NOT VOTING—10

Bilbray
 Broun (GA)
 Cassidy
 Emerson

Giffords
 Heller
 Johnson, Sam
 Lipinski

Rush
 Young (FL)

□ 1347

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RE-REFERRAL OF H.R. 1425, CREATING JOBS THROUGH SMALL BUSINESS INNOVATION ACT OF 2011

Mr. HALL of Texas. Mr. Speaker, I ask unanimous consent that H.R. 1425 be re-referred to the Committee on Small Business and, in addition, to the Committees on Science, Space, and Technology and Armed Services.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

GENERAL LEAVE

Mr. UPTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on H.R. 1213 and to insert extraneous material on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1213.

□ 1349

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Michigan (Mr. UPTON) and the gentleman from New

Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. UPTON. I yield myself such time as I may consume.

Mr. Chairman, this bill is part of our effort to restore fiscal accountability to the Federal Government. In the rush to pass some kind, any kind of health care reform, the 111th Congress enacted a massive law, 2,000 and some pages, that gave the Secretary of HHS unprecedented new authority.

□ 1350

Although it got little attention at the time, one of those new powers is an unlimited tap on the Federal Treasury.

Section 1311(a) of PPACA provides the Secretary of HHS a direct appropriation of such sums as necessary for grants to states to facilitate the purchase of qualified health plans in newly created exchanges. Shockingly, the Congress gave an executive branch official the sole authority to determine the size of the appropriation. Without any further Congressional action, the Secretary can literally spend hundreds of billions of dollars at the Department's discretion. The only real restriction on this unlimited appropriation is the Secretary's imagination. Given Washington's reckless fiscal habits, Americans concerned about record spending, deficits, and debt have much to fear from section 1311(a) of PPACA.

This unprecedented tap on the Federal Treasury should never have been granted to one individual, and given the huge uncertainty regarding PPACA, it certainly should not be continued now. Two Federal district courts have struck down the law. State AGs have asked for an expedited review of the litigation, but this administration has refused to let it happen. As a result, the future of the law remains certainly murky. Both supporters and opponents should be able to agree that resolving the case expeditiously in the courts, the Supreme Court, is in the best interest of the country.

But, in the interim, we should not be spending billions of dollars, billions of dollars of taxpayers' dollars on something that might never happen. Repealing the fund will protect precious taxpayer resources at a time of record red ink. Rampant spending on the Federal credit card is unsustainable and certainly dangerous. And the Federal Government is now going to be borrowing 42 cents of every dollar for these grants, \$58,000 every second. Just think about this. We're facing a \$1.6 trillion deficit, and the President's budgets will nearly double the national debt from \$14 trillion to \$26 trillion.

This program in PPACA is a prime example of the hidden costs of the health care law. While the program itself, remember, was billed as costing taxpayers \$2 billion, CBO confirmed to us last week that repealing the program will reduce the deficit by \$14 billion. That's because fewer Americans

will be pushed into the exchanges, and a million more Americans will retain their employer-provided health care coverage.

This bill is about accountability to taxpayers and fiscal responsibility in the Congress. I urge my colleagues to support this bill that will reduce the deficit by \$14 billion.

At this point, Mr. Chairman, I would ask unanimous consent that all of my remaining time be given to Dr. BURGESS to manage the bill on the floor.

The CHAIR. Without objection, the gentleman from Texas will control the time.

There was no objection.

Mr. PALLONE. I yield myself 3 minutes.

Mr. Chairman, this is just another in the Republican series of efforts to try to repeal the Affordable Care Act. I don't need to say, but I will say over and over again how effective the Affordable Care Act has been.

We have already put in place most of the anti-discriminatory aspects of the Affordable Care Act so that people now can have their children up to 26 on their insurance policy. They don't have lifetime or annual limits on care. We've ended arbitrary rescissions. We're giving patients access to preventive services without cost. We've begun the process of filling up the doughnut hole by giving seniors a \$250 rebate last year, and now a 50 percent discount on the drugs. The list goes on and on. People are starting to see the benefits of the Affordable Care Act.

But as you know, over the next few years, until 2014, one of the major benefits of it is that we will now cover almost every American; 32 more million Americans that have no insurance now, with a guaranteed good benefits package, lower costs, and help in paying their premiums.

The fact of the matter is, the Republicans want to eliminate all this. And when they talk today about bringing up a bill that would eliminate the grants or the funding for the state exchanges, this is at the core of the Affordable Care Act because, without effective state exchanges, robust state exchanges that are actually tailored, if you will, to individual States, it will be more difficult to do the things that I mentioned that are the commitment and the promise of the Affordable Care Act.

Now, what I don't understand though is that my colleagues on the other side of the aisle have always been advocates for States' rights. The consequence of their legislation today if it were to become law would mean that States, and 49 States and most of the territories have asked for these grants, would be denied these grants to set up the State exchanges. Most likely, what will happen then is that, rather than have a State exchange which is tailored to their own State and their own constituents, they will end up having a Federal or national exchange.

Now frankly, I don't have a problem with that. But if you're a States rights

advocate, which is what a lot of the Republicans have been saying all along, why would you want to force the States to not have their own flexibility, not set up their own State exchanges and instead set up a Federal exchange?

The exchanges aren't going to go away with this legislation. It's simply going to mean that the States can't do a good job, or that they're going to yield that power to the Federal Government and you're going to have a national exchange.

This is the worst time to do this. As we know, States are hurting. They don't have money. Most of them have a crisis in terms of balancing their budget. Why would you want to deny them the money to set up the exchange?

I'll give you an example in my own State. My own State has applied for some of these grants. They are using it to do demographics to find out what kind of people they have, what their health care needs are, so they can tailor the State exchange in a way that's most effective to cover the most Americans and provide them good quality health care at a low cost. That's what this is all about.

And for the Republicans today to bring this bill up in their effort to try to repeal the whole package, it absolutely makes no sense whatsoever. I just don't understand it.

They talk about mandatory funding. Well, we have mandatory funding for Medicare, for Medicaid, for all kind of things in this Congress. All they're going to do with this is make it more difficult for the States to establish their own exchange.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I would just remind the gentleman, the ranking member from New Jersey, in our committee hearing earlier this year we heard from the Governor of Utah who had been setting up a state exchange prior to the passage of the Patient Protection and Affordable Care Act, and now was left with an uncomfortable situation where it has been ruled unconstitutional by two district courts. He's waiting for whatever happens in the court system. But as he told us in committee, "I'm walking on shifting sands. I no longer know where to go. Passage of the Patient Protection and Affordable Care Act has made my life infinitely harder."

I would now yield 2 minutes to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Mr. Chairman, I rise today in support of H.R. 1213. We currently have a debt in this country of \$14 trillion and it is rising rapidly. The annual deficit this year will be \$1.65 trillion, the largest as a percentage of gross domestic product since 1945.

Current levels of Federal spending are simply unsustainable. We cannot continue on this fiscal path that we have been traveling.

To this end, the House Energy and Commerce Committee has spent nearly

the entire portion of its spring session identifying excess and unaccounted spending within programs, particularly the President's health care bill, in an effort to decrease Federal expenditures, in an effort to put our Nation on a path of fiscal responsibility.

This is one of the legislative fruits of the committee's efforts. According to the nonpartisan Congressional Budget Office, passage of this bill to repeal the Federal health care insurance exchange funding requirements would save American taxpayers \$14 billion over the next 10 years.

I urge my colleagues here in the House to pass this fiscally responsible piece of legislation that takes an important step in defunding the health care law and reduces Federal spending and the deficit, and I hope that at an early date the Supreme Court will rule on the constitutionality of the health care law.

□ 1400

Mr. PALLONE. Mr. Chairman, I yield 4 minutes to the ranking member of our full Energy and Commerce Committee, the gentleman from California (Mr. WAXMAN).

Mr. WAXMAN. Mr. Chairman, we are not focusing on the big issues that the American people care about with this bill. Instead, what we have before us is not a bill to increase jobs or to help those lives torn apart by the recent natural disaster storms or to address the country's high energy costs. Unfortunately, what the Republican leadership offers up, once again, is a debate on the Affordable Care Act. This is another piece of legislation that is going nowhere. The Senate will never pass it, and the President will never sign it. This bill, H.R. 1213, was analyzed by the Congressional Budget Office, and the budgetary estimate shows this bill diminishes coverage and raises costs. It punishes the States, and especially hurts working Americans and their families.

First, the bill will leave people uninsured. This legislation, according to the Congressional Budget Office, will result in lower enrollment by an estimated 5 percent to 10 percent below the levels expected under current law between 2014 and 2016. In other words, there would be almost 2 million fewer people enrolled in State exchanges.

Second, it will increase the costs to employers as they continue to fight off a sluggish economy.

Third, it will increase costs to consumers through increased premiums in the individual market.

Fourth, without Federal assistance, fewer States would be able to set up and operate State-run exchanges. Currently, 49 States, the District of Columbia and four territories have gotten beyond the ideological debate that we are having over and over again in this House, and they have responded by asking for funds so they can do the job of setting up a marketplace in which it would be best for families and busi-

nesses to choose their health insurance.

Fifth and notably, 85 percent of the total \$14 billion in cuts comes at the expense of low- and moderate-income Americans who are not able to access health insurance through exchanges.

It is time to stop debating bills that move the country in the wrong direction for political reasons. This bill takes a direct shot at the heart of health reform and at the new marketplace that marks the end of insurance company abuses, and it puts Americans in charge of their health care.

This is the wrong bill at the wrong time. It accomplishes nothing. We still don't know what the Republican proposal would be for health care. They said they were going to repeal it and then replace it. We don't know what they would replace it with. What we do know is that, for health care like Medicare and Medicaid, which insure millions of Americans, their proposal would be to decimate those two programs. With this bill, they would like to be sure, evidently, that States and working families don't have access to private insurance and that they don't have the ability to choose the best deal for them and their families.

I urge the defeat of this bill.

Mr. BURGESS. Mr. Chairman, I yield 2 minutes to the subcommittee chairman of the Oversight and Investigations Subcommittee, the gentleman from Florida (Mr. STEARNS).

(Mr. STEARNS asked and was given permission to revise and extend his remarks.)

Mr. STEARNS. Mr. Chairman, there are two points or arguments that I've heard from the other side.

One, they are talking about States' rights. It's really almost pathetic to think that they are arguing on States' rights, because the health care bill that they and the administration are advocating forces State governments to pay for existing established exchanges. No States rights there. That's part of what the Secretary of Health and Human Services will do, and she will use this money as an incentive to bribe them, which is unlimited to her, to force States to pay for existing established exchanges. But once they do it, the money will stop.

The other point is that they are saying we aren't talking about jobs and that we're focusing on this particular bill that's not really getting us jobs. Yet this bill does focus on spending. It's limiting spending. With the national debt of the United States just increased by \$262 billion at the start of this year, we need to handle our debt here in this country and control spending.

So I am pleased that we are taking up H.R. 1213, which would eliminate uncapped, unlimited programs in the Patient Protection and Affordable Care Act, which is ObamaCare. This provision grants far too much in budgetary authority to the Secretary of Health and Human Services and far too few

program requirements to ensure proper oversight. That's why we need to pass this bill. This is fiscal responsibility. It is fiscally irresponsible to argue, as they say, for giving any one in the Administration as an individual unlimited, mandatory spending authority, which is what is in ObamaCare.

I am glad we have an opportunity to correct this legislative error. We must gain fiscal control over our government programs, starting with these exchanges. Whether it's recapturing wasteful stimulus program dollars, eliminating fraud or using the appropriations process to set budgetary priorities rather than mandatory spending, we must all exercise fiscal restraint, and that is what this bill does. Just because we followed Greece into democracy does not mean that we should follow them into bankruptcy.

Mr. PALLONE. I now yield 1½ minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend for yielding to me, and I rise in strong opposition to this bill.

As Ronald Reagan used to say, There you go again.

And there my Republican colleagues go again.

We sat through days and days of this in the Health Subcommittee and in the Energy and Commerce full committee. This is—I don't know—the third or fourth or fifth or sixth bill on the floor which is trying to destroy the health care bill. I proudly support the health care bill, and I think it's time to stop scaring the American people. This is political theater. The Senate is not going to pass this, and the President certainly would veto it if it passes. So all we are having is, once again, another debate about health care on the House floor again and again and again.

I think my friends on the other side of the aisle have made their point. They oppose health care reform. Okay. Fine. How many times do we have to vote on it? It would repeal the Affordable Health Care Act, a bill which puts the American people back in charge of their health care by requiring insurance companies to be more transparent and accountable for their costs and actions, thus ending many of the worst abuses by the industry and improving the quality of care.

I urge my colleagues to vote against this bill.

Mr. BURGESS. Mr. Chairman, I yield 2 minutes to the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Chairman, I rise in support of the bill because this is the right step at the right time. If you're listening to the American people, one of the things they have said loud and clear is that they do not want the ObamaCare bill on the books. They want this repealed.

When my colleagues ask "how many times do we have to revisit this issue?" we are going to keep revisiting this issue until we get every single piece of this bill off the books, because it is too

expensive to afford. A great example of this is exactly what we're dealing with, which is the little slice of it that gives as much as may be needed, as much as may be consumed, as much as the HHS Secretary says they will need for this unlimited slush fund to give money to the States for these grants.

Now, I will remind my colleagues from across the aisle that our former Democrat Governor has called this program the "mother of all unfunded mandates." Mr. Chairman, there is a reason he called this program such. It is because he knows that putting this burden onto the States is far too expensive for the States to afford. It doesn't make it right to set up a slush fund, which will have no congressional oversight. The HHS Secretary can spend as much as she thinks is necessary, and she does not have to come back to us in Congress for this.

We do not need legislation with this nebulous language, and we do not need to give that authority of spending taxpayer money on this to the HHS Secretary. It is important that we distinguish: Are we for reforming health care? There are portions of health care that need to be reformed; but what happened in ObamaCare? PPACA is not health care reform. It is a movement away from patient-centered health care to government control. It is time for us to get back on the right track.

□ 1410

Mr. PALLONE. Mr. Chairman, I yield myself 15 seconds.

I hold the gentlewoman in a lot of respect, but it bothers me that you say we are going to come back and keep voting and voting again on repeal, repeal, repeal. We know this isn't going to pass the Senate.

When I went home the last 2 weeks, all I heard was: What are you doing to create jobs? Deal with the economy.

When we deal with this and keep doing the same thing over and over again, we don't deal with jobs.

I yield now 1½ minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Chairman, I rise in the strongest opposition to this shortsighted legislation. We all know that the only reason this bill is before us today is to try to derail the Affordable Care Act, which is already helping so many. And the exchanges this bill targets will make a clear impact, making it easier for individuals and small businesses to shop for insurance based on quality and price. They will provide the key structure to ensure the numerous consumer protections in the law are followed, and they will make the health insurance market both more competitive and more transparent.

Furthermore, the exchange program gives States flexibility to build the best plan they can to meet the unique needs of their residents. But this bill would defund that, resulting in an unfunded mandate. Forty-nine States

have already received funds to begin this process. Many States are poised to move from planning to implementation. However, repeal would stop this development in its tracks.

What is clear is that a vote for this bill does not reduce costs; it just shifts them onto the backs of already cash-strapped States. It means delays: Delays that CBO has noted will lead to increased costs for consumers; delays that will result in 2 million more Americans being uninsured through 2015 alone.

I find it ironic that my Republican colleagues, who for so long have called for increasing a State's autonomy, are here to vote down a program that does exactly that, especially when their vote will lead to increased costs and more Americans being uninsured.

I urge my colleagues on both sides of the aisle to vote against H.R. 1213.

Mr. BURGESS. Mr. Chairman, I yield 2 minutes to a valuable member of the committee, the gentleman from Kansas (Mr. POMPEO).

(Mr. POMPEO asked and was given permission to revise and extend his remarks.)

Mr. POMPEO. Mr. Chairman, I rise today in strong support of H.R. 1213, a repeal of a mandatory piece of spending inside of ObamaCare that will do a great deal to not only destroy health care in America but destroy jobs in Kansas and all across our country.

I spent the last couple weeks back in the district. I was in Greenwood and Elk and Chautauqua and Montgomery County, in Butler County and Sedgewick County. I heard the ranking member today say he wants us to do the people's work. I will tell you that every day I heard about people that were frightened by ObamaCare. I talked to business leaders that understood that the last thing they wanted to do was to hire a full-time employee because of the burdens and obligations that would come from this piece of legislation.

I was proud at the very beginning of my time in Congress to vote to repeal the entire bill, and I am equally proud today to attempt to put back in the box this mandatory spending provision. This spending provision gives, without any oversight, any restraints, the Secretary of Health and Human Services powers that are very, very large. I happen to have a special perspective on that.

Today's Secretary of HHS was my Governor for the last 8 years. The last thing that we want to do in health care is to give my former Governor an unlimited checkbook. We have seen what that has done to Kansas. I know what that will do to the United States of America.

This is very clear. When we talk about health care, what we are talking about is trying to find a way to reduce costs. The absolute worst thing you can do if you are trying to reduce costs is give the government an unlimited checkbook. They will spend it. They will spend it every day. They will spend it all the time.

I urge the strong support of H.R. 1213 so that we can stop this horrible piece of mandatory spending.

Mr. PALLONE. Mr. Chairman, I yield 1½ minutes to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. I thank the gentleman.

Mr. Chairman, I rise in opposition to this Republican proposal because it will not create jobs, it will not stimulate our struggling economy, and it will not put the middle class back to work. Instead, the bill that we are considering today would take away funding for States to offer new affordable insurance options for their citizens. And this bill would lead to job loss, hindering our fragile economic recovery.

Bait and switch—that is what it is called when you say one thing and do another, when you run for office promising to create jobs and bolster the economy and get elected and start doing something entirely different.

Last election was about jobs and the economy, and Congress should be at the forefront. But instead of leading and putting Americans back to work, we are considering a bill to repeal funding that will create jobs and provide families and small businesses with access to affordable health care options.

Forty-eight States, including my home State of Wisconsin, have already received up to \$1 million each to get health insurance exchanges up and running, including hiring key staff for implementation. In other words, this funding is creating jobs.

This Republican bill raises a very important question: Are we going to ask cash-strapped States to return the money they have already been awarded? Are we going to prevent these States from receiving further funding that will create jobs?

I fail to see how rescinding these dollars that will be used to create jobs is the right thing to do to get our economy back on track, and I urge my colleagues to stand up for Americans looking for work and looking for affordable health care and vote against this bill.

Mr. BURGESS. Mr. Chairman, I would just point out that this bill only rescinds monies that have not been obligated. Monies that have been obligated would not be rescinded.

I now yield 2 minutes to the gentleman from Iowa, STEVE KING.

Mr. KING of Iowa. I thank the gentleman from Texas for yielding, and I also thank Dr. BURGESS for the leadership role that he has taken nationally in opposition to ObamaCare. His voice is essential to this and putting this unconstitutional bill behind us one day, taking us down the path of liberty and freedom with a constitutional path.

I rise in strong support for H.R. 1213, Mr. Chairman.

I would point out that much has been made of \$105.5 billion in automatic spending that was written into ObamaCare. That is a number that was

kind of like a mirage; it was hard to pin down. Over time and working with CRS, we produced, finally, that number: \$105.5 billion in automatic spending written into a bill that I don't think any Member of Congress—in fact, I am certain not a single Member of Congress—was aware of that figure when ObamaCare was passed about 13 months ago.

However, this bill, H.R. 1213, doesn't address that \$105.5 billion in automatic, irresponsible, unconstitutional spending. It addresses an open slot where the drafters of ObamaCare just simply overlooked writing a figure in when they granted, there, unlimited authority to the Secretary of Health and Human Services, Kathleen Sebelius, to spend the amount of money that she sees fit to carry out the provisions of this section that are repealed by H.R. 1213.

It wasn't just a blank check, Mr. Chairman. It is a series of blank checks—in fact, an infinite number of blank checks that an infinite amount of money could conceivably be written into. That is how bad this is. That's how unquantifiable it is. I know that CBO has attempted to put a number on it, but it requires some assumptions to even do that.

The 112th Congress has been bound by the 111th Congress by this term we call "mandatory spending." I don't concede that there is anything such as mandatory spending in this Congress. No previous Congress can bind a subsequent Congress. This Congress has to approve all spending of every Federal dollar before it can be expended, and we need to stand on that principle, Mr. Chairman, this unlimited and mandatory spending that is unconstitutional.

The CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. KING of Iowa. I thank the gentleman from Texas.

I would make the point also that the funding that would go to set up the State exchanges, we need to be very well aware of what that can be. If the States take this free money, so to speak, from this unlimited slush fund of Kathleen Sebelius and set up the State exchanges, even though they believe they have control of these exchanges, it sets them up to be nationalized by a far more powerful Federal Government. And even though they oppose ObamaCare, they might be complicit in its implementation if they accept this money.

I urge adoption of H.R. 1213, and I thank the gentleman from Texas.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

I would just like to point out to the gentleman, 49 States and the District of Columbia, along with 4 territories, have been awarded \$54 million in planning grants. So all you are doing here—these exchanges are still going to exist even if this bill passed and became law. All you are doing is taking away the

money, in almost every case, from your own State to try to set up these exchanges and not have it become a national exchange.

So the gentleman can talk all he wants about the funding, but the fact of the matter is it is most likely his own State is asking for this funding so they can get these exchanges established. Why do the Republicans want to take money away from their own State?

I yield now 1½ minutes to the gentleman from the Virgin Islands (Mrs. CHRISTENSEN).

□ 1420

Mrs. CHRISTENSEN. Mr. Chairman, today I rise with great disappointment to speak out against yet another attempt to repeal an Affordable Care Act provision that is at the very core of increasing access to health care for the over 30 million uninsured Americans.

As my colleague said, almost \$54 million in planning grants have been awarded to help 49 States, the District of Columbia and four territories, including \$1 million to the Virgin Islands, to create unique State and territorial-based solutions to improve our States' and territories' health insurance markets. We must not repeal this funding, as H.R. 1213 would do, because by placing the burden entirely on the already-overburdened States, it will make it more difficult for them to establish changes, and it will increase the costs to families who are seeking to insure themselves. This is really another effort to get rid of exchanges altogether.

In deciding how to vote today, I ask my colleagues to think about all of their constituents who suffer unduly from health conditions that could be prevented or controlled if only they had access to health insurance, preventive care, and treatment. These constituents, our fellow Americans, demand that we stand up and fight for their access to affordable health insurance, as Democrats have always done and are doing today.

I urge all of my colleagues to vote against this legislation that would undermine the ability of millions of Americans to have access to health insurance and access to needed health care services.

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

How many times did we hear over the runup to the passage of the Patient Protection and Affordable Care Act, if you like what you have, you can keep it? It turns out nothing could be further from the truth. In fact, the real truth is they don't want you to keep your current insurance.

We have heard Members on the other side of the aisle claim that 2 million fewer people will be enrolled in the exchange and that the bill will increase costs to the employers. So here is some shocking news: These assertions that during the health care debate many people said repeatedly that under the

bill you will not be able to keep your health insurance you like, in spite of promises made by the Democrats, people were concerned that the new law would encourage employers to drop health care coverage for workers.

In fact, we received some memos to that effect as part of an investigation that then-Chairman WAXMAN actually initiated right after the passage of the bill. But then when trying to pass the bill, the Democrats repeatedly denied those claims. Now they seem to relish the fact that employers will drop coverage, and they actually see it as a negative that 1 million people will continue to have employer-sponsored insurance, the coverage that they precisely wanted to keep.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, can I inquire how much time remains on both sides?

The CHAIR. The gentleman from New Jersey has 17¾ minutes remaining. The gentleman from Texas has 15 minutes.

Mr. PALLONE. I yield now 2 minutes to the gentleman from Texas (Mr. GREEN).

Mr. GENE GREEN of Texas. I thank my colleague on the Energy and Commerce Committee for yielding to me.

To follow up what my colleague also from Texas and on Energy and Commerce talked about employers dropping insurance, that is why we need these insurance exchanges. Even before the Affordable Care Act, employers were dropping insurance for their employees or making it cost prohibitive for them to cover themselves. So that is why we need the exchanges.

Here they are defunding it today, and H.R. 1213 would repeal the section of the Affordable Care Act that provides funding for the creation and facilitation of State-based health insurance exchanges. Those are not government insurance companies. Those are private sector exchanges.

During the health reform debate, the Republicans spent most of their time saying health reform would limit the ability to tailor their own health care systems. The Affordable Care Act would ensure States would have the ability to create their own health insurance exchanges, meet the health care needs of their State, and still provide consistent basic health coverage nationally.

We provided States with planning grants to come up with proposals on how they will run their health insurance exchanges so States will run their own exchanges rather than the Federal Government doing it. Yet here we are today stripping the ability of the States to run their own health insurance exchanges by eliminating those planning grants, just another example of the hypocrisy of the Republican Party.

This is yet further political messaging by the Republican majority in an attempt to defund health reform. They are playing games with funds

dedicated to our States, forcing them to spend their own money when State budgets are already limited. The majority has the wrong priorities, and I think the American people know it.

Mr. BURGESS. I yield myself 3 minutes.

Mr. Chairman, States are coming to the realization that there is no flexibility in these grants. They are coming to understand that the mere words that a State gets to develop an exchange that fits their individual needs, in fact, just rings hollow.

The other side has used the word "flexibility" as a big bait-and-switch, just similar to the words "if you like what you have, you can keep it." The authors of the bill praised these words, but they are simply not true. The law clearly puts Washington in control, in firm control, in absolute control, of these exchanges.

For example, section 1302, the Secretary will choose the essential benefits that must be paid for by individuals and families in the State exchange.

Section 1302 (d)(2), the Secretary will control whether an HSA can be offered.

Section 1311(h), the Secretary can by regulation select the doctors and other health professionals that are allowed to provide care in the exchange plans. As a physician, I find this one of the more chilling provisions in this legislation.

Section 1311(i), the Secretary—the Secretary—decides whether a plan provides linguistically appropriate and culturally sensitive information. If they do not meet the Secretary's approval, they cannot have that plan.

Section 1311(c)(1) and section 1311(e), the Secretary—the Secretary—determines the process and requirements for certifying whether a plan can be sold in the exchange.

Section 1311(c)(1)(I)(6), the Secretary can decide when individuals can enroll in the exchange plan.

Section 1311(d)(4), the Secretary will judge the adequacy of an exchange Internet Web site.

Section 1311(k), the Secretary will determine whether an exchange establishes rules that conflict with or prevent the application of regulations promulgated by the Secretary. In other words, not only do they get to make the rules; they get to be the referee.

Concerns were raised prior to the passage of the Patient Protection Affordable Care Act that the law was designed, designed, for employers to drop coverage so Washington would control health care through ObamaCare exchanges. Now the other side protests when 1 million people will keep their employer-sponsored insurance because they would rather have them under the direct and absolute control of Washington, D.C., rather than their State capitals.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

Again, I don't understand what Dr. BURGESS is trying to say, the point he

is trying to make. If we don't have this funding under this bill, States are not going to be able to choose the type of marketplace that is best for their families and businesses. By passing this bill, you take away ultimately the States' right to make the decisions about what kind of plans they have and how they want to tailor these plans.

All he is doing with this bill is handing it over to the Federal Government, exactly the opposite of what he is saying. What he is reading is essentially what is going to happen if there is no State exchange and there is a Federal exchange. So why deny the States the money, when they can tailor the exchange with those grants?

I yield now 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO), the ranking member on the Labor-HHS appropriations subcommittee.

Ms. DELAURO. Mr. Chairman, I rise in opposition to this attempt to defund one of the central cost-cutting reforms of the Affordable Care Act. Like so much in the majority's budget, this bill takes money out of families' pockets and gives it to the health insurance industry.

The exchanges will give all Americans the chance to prosper from what Members of Congress and large employers have enjoyed for years: large group rates, lower administrative costs, greater transparency. They also expand choices, giving everyone access to a much fuller range of plans. The exchanges work to create real competition in the health industry and thus drive costs down for everyone.

But my colleagues on the other side of the aisle want to place the control again in the hands of the health insurance industry and the insurance companies. Given what they are prepared to do in the Republican budget by ending Medicare and throwing seniors to the private insurance market, this is in the same vein.

□ 1430

This bill wants to eliminate this free market reform and allow insurers to continue to act as monopolies. According to the CBO, the Congressional Budget Office, which is independent and nonpartisan, it will knock 2 million people out of the exchanges, increase health insurance premiums, and leave 50,000 more Americans uninsured. In fact, 85 percent of the so-called savings here comes from cutting off Americans' access to health insurance.

This is not the direction we want to go. We want to cover more people, reduce health care costs. This bill raises premiums; it raises the number of uninsured in America. I urge my colleagues to reject it.

A final point. We in this body are very fortunate. We have health insurance. Our kids have health insurance. When we get ill, we go to the head of the line, the same as our families. Every single time we take to this floor, the majority in this body wants to re-

peal health care reform, wants to take away the opportunity from millions of Americans to have the same kind of health care coverage that Members of Congress and their families have.

Mr. BURGESS. I yield myself 1 minute, Mr. Chairman.

I would remind my colleagues on the other side of the aisle that the Governor of Utah coming to our committee hearing said that he was setting up exchanges prior to the passage of the Patient Protection and Affordable Care Act. The passage of the Patient Protection and Affordable Care Act has limited his ability to provide those exchanges. In fact, he went so far as to say now, with the nebulous future surrounding the Patient Protection and Affordable Care Act, because of activity in the courts—not in the United States House of Representatives, but in the courts—remember them, the third branch of government that gets to decide if something is constitutional or not—because of the ambiguity surrounding the cases in the courts, the Governor of Utah felt that he could not go forward with the plan that he was implementing, and he worried that the money he had already spent, his own State's money on developing State exchanges, would now be for naught. He does not know what the rules will be going forward if the Patient Protection and Affordable Care Act is allowed to stand because those rules have yet to be written. Those rules have yet to be interpreted.

So in a very perverse way, we have made it harder for a State to provide exchanges by passing the Patient Protection and Affordable Care Act.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 1 minute.

I have heard Dr. BURGESS talk about Governors. I just want to give you some quotes from some Governors—Republican Governors. Nathan Deal, a former member of the Energy and Commerce Committee, former chairman of the Health Subcommittee, this is what he said with regard to the State exchanges and the grants. He says: "One of the real problems that some of us as Governors foresee is if the mandates on States remain in place, the funding from the Federal level to carry out those mandates is withheld. That's the worst possible condition that States could be left in."

That is exactly what my colleague from Texas is proposing. The States will continue to have the mandate to set up the exchange or, without money and therefore not be able to tailor to exchange to the State or alternatively letting it go to the Federal Government, having the Federal Government run a Federal exchange.

Nathan Deal, one of our own Members, chairman of the subcommittee, said, Worst possible scenario. I don't understand. Again, I keep saying the same thing, but I have to repeat it, Mr. Chairman. To say that we're going to have State exchanges without having

the funding means the State exchange will either be lousy, or it simply won't exist and the Federal Government takes over.

I yield now 2 minutes to the gentleman from Michigan (Mr. LEVIN), the ranking member on the Ways and Means Committee.

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Thank you, Mr. PALLONE. Thank you for your efforts.

I have been listening to the debate here, and the majority, I would describe it this way: You're so single-minded about the health care reform that you really have become mindless. You come here and talk about Federal control, but essentially what this bill would do would be to increase it. CBO says, Pass this bill and you will have more Federal control—not less—and less State control. It makes no sense. It's mindless. And you come here and say there's one governor who says something about his exchange. But every State but one has applied for and received a grant for their exchange. It's mindless, your position.

My State has already received the grant, the State of Michigan; and they have used it to bring everybody to the table, including private industry, including consumers, hospitals, et cetera, to develop a plan that's right for our State. It's mindless for you to come here and say you want to pass a bill that withdraws from our States the ability to plan for the health care for our citizens in a way that is helpful to our State. So maybe there will be a mindless "yes" vote here. It's happened before. Where are the jobs bills?

Mr. BURGESS. I yield myself such time as I may consume.

Mr. Chairman, I would not presume to put words into the mouth of the Governor of Georgia, but I do know from a long association with him that he was very abhorrent of any mandates that were placed on the States. So I do not doubt the fact that he said the worst of all possible worlds would be to get the mandate and not get anything else to help him back that mandate. But to be very clear, the mandates themselves are the anathema.

Why would those mandates be a problem for the Governor of Georgia or the Governor of any other State? Because now the decisionmaking does not rest with the State. The State is mandated. The State is mandated to set up these changes. And yet the Health and Human Services Secretary will choose the essential benefits that must be paid for by individuals and their families.

That's no longer a State decision. That's no longer a gubernatorial directive. That is now a directive from the Secretary of Health and Human Services. They would also decide whether their planned provider network is adequate, regardless of whether or not it covers the doctor that you use and you like. The Secretary—not the Governor, not the Governor's chief of staff, not

someone in the State legislature—the Secretary of the Department of Health and Human Services, who has that now unprecedented power and is only limited by her own imagination.

The Secretary would impose price controls on health coverage. The Secretary would pick who gets a waiver from the annual limit requirements. The Secretary would establish cost-sharing requirements regardless of their effects on premiums, not a gubernatorial directive, not something established by the State Commission of Insurance, not something contributed to by the Governor's chief of staff, not something decided by any State legislature, but by the Secretary of the Department of Health and Human Services.

Again, Chairman UPTON in his opening remarks said the spending would only be limited by the imagination, by the limits of the imagination of the Secretary of the Department of Health and Human Services. We know who that is this year. We don't know who that is next year. We certainly do not know who that is in 2 years' time.

It is the responsibility of this Congress to exercise the due oversight over these programs. We abnegated that authority by the forward funding of these programs. As Mr. KING pointed out in his remarks, we abnegated that authority. It's now time for Congress to claim that back. That's not mindless. The mindlessness, I might remind the Chair, was when this bill was passed a year ago without due proper authorization and oversight.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 1 minute.

Again, I listened to the gentlewoman from Tennessee (Mrs. BLACKBURN) before, and basically she said we're just going to keep repealing and repealing and repealing. I understand that you want to get rid of the whole bill. But why do you bring up legislation today that, again, I guess you're doing it because you don't want to keep repealing the whole bill over and over again because it becomes ludicrous. So instead you take pieces out—in this case, the State exchanges—and you say we're not going to give States the grants to actually follow up.

It's obvious, when we talked about Nathan Deal, he doesn't like the law. He'd like to see it repealed. But he's saying if you're not going to repeal it, then don't defund it because then the States can't carry out their functions in an effective way.

So all I'm saying to my colleague from Texas is if you just want to keep repealing and repealing, like Mrs. BLACKBURN said, go ahead and do it. We'll waste time, which doesn't make sense. But if you're going to then take pieces out, then don't say to the States, We're going to defund you and not allow you to do what you're already required to do or set this over to the Federal Government.

You see, this is the absurdity of what the other side of the aisle is trying to do. It's just a complete waste of time.

I yield now 2 minutes to the gentleman from California (Mr. MILLER).

Mr. GEORGE MILLER of California. I thank the gentleman for yielding.

What is it about the Republican Party that insists that its mandate in Washington, D.C. is to keep the American public away from affordable health care? First, they start by ending Medicare so that senior citizens who retire will have to pay much more for their health care than they would otherwise. Those on Medicare, because they'll be closed in, an aging population, their health care costs will continue to go up in the future far beyond their ability to pay.

They have decided that they're going to raise the price of prescription drugs to senior citizens. They have decided that they're going to decrease the access of young people to health care by not providing for school-based clinics, health care clinics. They've decided they'll roll back preexisting conditions to prevent women from getting coverage of health care, young children from getting coverage of health care from life-threatening diseases that they were born with.

What is it about the Republican Party that they don't want people to have access to health care in this country that's affordable? They don't mind them being in the lottery. If they can find it and afford it, maybe they can have it. But if they can't, it's tough.

So now we come to a time when they said they don't want one-size-fits-all in Washington. The States should have a right to set up the exchanges. The States have an option: they can set up an exchange or not set up an exchange. Some 49 States have stepped forward and said, We want a right to customize the exchange for the purposes of the people we represent, the nature of our State, the economy of our State, the age of our State. We want to do this.

□ 1440

And now they're saying, well, that's good, but we're not going to give you any money to plan to do that. So what are they doing, according to CBO? They're now threatening, once again, the access to affordable health care for 50,000 or more Americans.

So they've threatened the access to health care for women. They've threatened the access to health care for children. They've threatened the access to health care for seniors. They've threatened the access to health care for those who are about to become seniors. They just can't stop doing this.

The CHAIR. The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 30 seconds.

Mr. GEORGE MILLER of California. They want to say they're just repealing the health care bill that was passed. They're just repealing that.

No, what they are doing is they're standing in the way, the very same

rights that they have as Members of Congress to have a federally setup exchange for Federal employees where policies pass muster, that you get real value if you buy one. Whether you buy a health savings account or whether you buy a plan for your family or for an individual, you get real value. You get access. The rights they have as Members of Congress, once again they're stepping into the breach to make sure that their constituents won't have that right at the State level because when there are no State exchanges, they won't have that right.

It's a really strange view of their obligations to the American public, to working families, to children, and to seniors. And it's a real strange view about their position of privilege that they would have all of this for themselves but not for their constituents.

The CHAIR. The time of the gentleman has again expired.

ANNOUNCEMENT BY THE CHAIR

The CHAIR. The Chair would ask all Members to heed the gavel.

Mr. BURGESS. Mr. Chairman, I will direct my remarks to the Chair and not to anyone in particular, which I believe is one of the habits of the House; and I yield myself 1 minute for this purpose.

I was always taught growing up that if you're going to tell a story, you ought to begin it with "once upon a time." I think I should have heard a few "once upon a times" in that last tirade that was just leveled upon the House.

Their hypocrisy knows no bounds, Mr. Chairman. The other side claims that the health care law is about State flexibility, but they oppose H.R. 1213 because some States might assess a health plan fee to fund the operation of exchanges that the State wants to set up. If you're for flexibility, then eliminate complete control that the Secretary has over the State exchanges. Let States establish exchanges without onerous and costly Federal mandates and finance them according to how each State feels is appropriate.

Now, to talk about hypocrisy, what the other side fails to mention is that the Patient Protection and Affordable Care Act advocates taxing health care plans that sell insurance in the exchanges. Rather than being silent on how States should fund their exchanges once the grant money runs out, the Democrat health care bill actually spells out that the States should consider charging taxes on health insurance premiums for plans sold in the exchange.

The CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield myself an additional 30 seconds.

The hypocrisy could be tolerable if it just simply ended there. However, the other side also fails to mention that the Patient Protection and Affordable Care Act directly charges a \$60 billion tax on Americans' health insurance premiums, in section 9010, or that imposes tens of billions of dollars in di-

rect taxes on medical devices and drugs that people will use that will increase their health care premiums, according to the CMS actuary.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. I thank my friend from New Jersey.

Mr. Chairman, this is all about creating a mechanism for competition—fair, open, fully disclosed competition.

The exchanges actually come from maybe 20 years ago. I know that in California when I was elected insurance commissioner in 1991, we established an exchange program. It passed the legislature. Unfortunately, Governor Wilson vetoed that legislation. Had it gone into place, there would have been a marketplace for insurance consumers. Right now consumers are at the whims of the market. They have no power.

An exchange is simply a way to accumulate the purchasing power of thousands or hundreds of thousands of individuals and small businesses so that their risk is spread out over that large population. Right now small businesses and individuals simply are at the mercy of the insurance companies. They have no way to spread their risk, and, therefore, their rates are exceedingly high, and in many cases it's impossible to get insurance.

For the life of me, I don't understand why the Republicans want to repeal the exchanges. I always hear from them competition and free market. This is exactly that. This is competition, in which the health insurance companies have to compete with a similar policy, four different kinds of policies, a very rich one and a very basic one, and they have to compete on quality. What's the problem with that? And they'll be able to get insurance. Right now they can't. So they're going to repeal it. It makes no sense.

It also makes no sense that the Republicans would go out and terminate Medicare. Hello? You're going to terminate Medicare, a guaranteed insurance policy for everyone over 65? Oh, I know, only those who are below 55 years of age will never see Medicare. It's gone. It's history. Oh, you're going to give them a voucher, a small percentage of the total cost 10 years out? Good luck. And you throw them to the whims of the insurance companies without an exchange.

What's this all about? I think Congressman MILLER may have had it right. How do you view the world? People need health care. Insurance is a way to get health care. An exchange is a way to spread the risk for a large pool of people so the risk isn't there and access to the market.

California has an exchange. California last year established a law to put in place an exchange. It was signed by a Republican Governor, folks. Are you listening? Governor Schwarzenegger signed the exchange program. It's going into operation in a year and a

half so that people in California can get insurance. Two million people will not be able to get insurance if this bill were to pass. And the only thing you offer is the termination of Medicare? Oh, and by the way, you're going to reduce Medicaid by \$700 billion.

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

Although the issue of Medicare is not the subject of this debate today, I can recall a time about 20 years ago when Paul Tsongas, a former Senator, came to Dallas to talk to a group called the Dallas Business Group on Health. It was the day after President Clinton had come to this House and addressed a joint session of the House and Senate and unveiled his health care plan in September of 1993. Senator Tsongas came to talk to us in Dallas, and he said, "It was a beautiful speech. There wasn't a dry eye in the house. The only problem was that the President proposed five new entitlement programs, and we cannot pay for the ones that we have."

□ 1450

Former Senator Tsongas then went on to articulate how the rate of rise of entitlement spending was going to cripple this country in the future such that by at some point between 2015 and 2020 this country would see intergenerational conflict the likes of which it had never seen before.

Yes, it is incumbent upon us to recognize that train wreck that is coming and deal with it. Representative RYAN put forward a very thoughtful plan 2 weeks ago. Let's see the plan from the other side. So far that's been lacking.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, may I inquire how much time is remaining?

The CHAIR. The gentleman from New Jersey has 4¼ minutes remaining. The gentleman from Texas has 6½ minutes remaining.

Mr. PALLONE. I yield myself the balance of my time.

Mr. Chairman, I am pleased that my colleague on the other side, Dr. BURGESS, got up and talked about the Ryan budget, or the Republican budget, I should say, because as far as I know every Republican voted for it, and most Democrats voted against it, and he also mentioned, I think, President Clinton's efforts to achieve health care reform.

The Democrats over the years—Harry Truman, President Clinton, President Obama—have all been reaching out to try to achieve health care reform and find a low-cost way of providing a good benefit package to all Americans, and it's sad to think that on the other side of the aisle, when they became the majority, the first thing they did was to pass this Republican budget that actually puts an end to Medicare and really jeopardizes the future of Medicaid as well.

I think it says a lot about the fact that the Democrats are trying to expand health care choices and options

and provide low-cost health care with a good benefit package. The Republicans are taking the plans that exist now like Medicare and Medicaid and either ending them in the case of Medicare or in the case of Medicaid really making it so it's going to be very difficult for Medicaid to continue.

We already have in place, as I mentioned in the beginning of this debate, many of the positive aspects of the Affordable Care Act, all those things that eliminate discrimination, let you put your children on your policy, start to plug up the donut hole for prescription drugs for seniors. This is working. This is legislation that's working and making a difference for the American people and making it possible now with these State exchanges, once they're up and running with the tax credits that are available, for even those other 32 or 30 to 40 million Americans who don't have health insurance insurance now to finally have it.

Now, why do the Republicans want to eliminate this? I listened to Dr. BURGESS. He says it costs too much. The fact of the matter is the CBO said the Affordable Care Act was going to save money, reduce the deficit over 10 years. I know they only like to look at the CBO numbers when they think they're beneficial to their point of view, but the fact of the matter is the CBO is a nonpartisan arm of this Congress and they say that the Affordable Care Act reduces the deficit over 10 years. At the same time, we're covering everyone and we're providing a good benefit package just like, say, Blue Cross or Blue Shield does today.

What this bill does is to eliminate choices, because if the States are allowed to tailor a program in exchange for their own constituents in their State, I believe it will be more robust, it will be a better plan tailored to those people from New Jersey, in my case, or Texas, in the case of Dr. BURGESS. By taking away the money for the exchanges, all you're going to do is make that more and more difficult. States will still have to do it, but they won't have a good plan. They may limit their choices. They may not have a lot of choices which they would have if they have some money to plan and be rational about how this works.

Of course, the more likely scenario is that we will simply have a Federal exchange and a lot of States will opt out and not even have their own State exchange. I think that would be a mistake to do. I really do. As much as I'd rather have a Federal exchange than no exchange, I do think it makes sense to have State exchanges.

So, again, I think that what the Republicans are doing now, and I think that Mrs. BLACKBURN said it earlier—she said we're just going to repeal this, and we're going to take a piece of it and repeal something else until we get rid of the whole thing. Well, don't waste the time of the Congress on doing the same thing over and over again. I was home for the last 2 weeks.

We all had a break. We're at home for 2 weeks. All I heard, I didn't hear about health care. I heard about jobs and how the economy was starting to sputter again.

You know, the last quarter was not as good as it could have been, and the fact of the matter is that since the Republicans have come into the majority here they're not doing anything to create jobs. We don't have a bill to create jobs. We keep doing the same thing every day. Today, it's going to be defund health care; tomorrow it's going to be abortion again. I don't know how many times we're going to have these same bills that come out of our Health Subcommittee and the Energy and Commerce Committee.

It is unfortunate. I urge my colleagues to vote "no" on this bill.

The CHAIR. The time of the gentleman has expired.

Mr. BURGESS. Mr. Chairman, at this point, I would like to yield 4 minutes to the chairman emeritus of the full committee, the gentleman from Texas (Mr. BARTON).

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Thank you, Congressman BURGESS, and it's good to see you in the Chair there, Mr. Chairman. I feel empowered and confident that you're going to make the right rulings as the day goes on.

We're going to have more amendments offered on this small part of the repeal effort of the new health care law than the Democratic majority allowed in the last Congress on all the health care legislation they brought to the floor. After general debate, we're going to have at least five amendments that were made in order under the rule. That's five more than Speaker PELOSI and then-Rules Committee Chairwoman Slaughter made in order in the last Congress when we were debating these issues.

Republicans are not necessarily opposed to the concept of these exchanges, Mr. Speaker. What we are opposed to is the process in the last Congress where the actual bill that became law was dumped in the dead of night, with no amendments made in order, little debate, in an up-or-down vote as soon as the Speaker twisted enough arms on the then-majority side of the Democratic party to move the bill.

So we're trying to repeal it piece by piece; once that's done, then to replace it. This particular bill that's before us is pretty straightforward. It repeals the authority of the Secretary of Health and Human Services to obligate such sums as necessary to fund these exchanges. This "such sums as necessary" could be \$50 million, could be \$100 million, could be \$200 million, could be a half a billion dollars. We just don't know. Those of us on the now-majority side, the Republican side, think that's bad management: such sums as necessary.

So we're not really having a debate on whether exchanges are good or bad.

I can agree with my friend from New Jersey that, in concept, exchanges are good. Now, I could have a debate that if you are going to have exchanges you ought to let the market operate and determine what's offered in the exchanges and not mandate what has to be qualified in order to be a part of the exchange. And we could have a debate on what the premiums are and what the coverage is and whether you allow flexibility or whether you put these Federal mandates on what has to be in the health care plan to be part of the exchange, but that's a different debate.

The debate today, Mr. Chairman, is should the Secretary of Health and Human Services have the ability to obligate, without any constraints by the Congress, such sums as necessary to empower and fund these health exchanges. We say "no." So we're going to urge a "yes" vote at the appropriate time so that we can take away that authority, send this bill to the other body, and hopefully have that pass, and then at some point in the future bring back a reform bill where we have the policy debate which, again, I think you can say that there will be some agreement between the majority and the minority side on the underlying policy. But on the fact that the Secretary of Health and Human Services shouldn't be able to just obligate with no oversight by the Congress how much money goes into the creation and maintenance of these exchanges, we think the answer to that is, the current Secretary or any future Secretary should not have that authority, and that is why we have put forward the bill.

□ 1500

Mr. BURGESS. I urge an "aye" vote on the measure.

Mr. BLUMENAUER. Mr. Chair, I rise in opposition to H.R. 1213, which repeals grant programs established in the Affordable Care Act to support State efforts to set up health insurance marketplaces. The Affordable Care Act calls for these "exchanges" to be established by January 1, 2014. Under H.R. 1213, fewer States will have the resources necessary to create these marketplaces, and in the wake of this legislation, fewer people will get help buying insurance. As a result, 500,000 more people will be uninsured in 2015.

These exchanges are designed to allow Americans to compare prices and health insurance plans and decide which option is right for them. These grants are critical to help States develop and begin operation of exchanges able to perform these functions. In fact, nearly all States have already received grant funding to begin establishing their own marketplaces, including my State of Oregon, which will receive \$48 million. The Affordable Care Act establishes these exchanges to negotiate prices for a large volume of individuals, securing the kind of group discounts that large employers now enjoy. In addition to providing consumer protections, the exchanges actually provide for a robust private insurance market. This price competition plays a critical role in reducing health care costs.

Rather than making refinements to improve the law, H.R. 1213 simply proposes to eliminate funding. It would not advance the key objectives of the Affordable Care Act or offer alternative solutions for meeting these important objectives, and this legislation makes it more difficult to achieve better and more affordable care.

Many of the ill-founded criticisms of the Affordable Care Act stem from concerns about the country's burden of public debt. While I share many of these concerns about our public debt, I cannot condone this approach to balancing the nation's books. The Congressional Budget Office finds that the vast majority of the bill's \$14 billion in savings results from reduced spending on premium and cost-sharing for low-income people to buy insurance, not from the elimination of the \$1.9 billion in grants to help set up the exchanges. This legislation continues the Republican effort to balance our nation's books on the backs of the poor and I oppose this legislation.

Mr. DINGELL. Mr. Chair, I rise in opposition today to H.R. 1213, which would repeal funding available to States to establish health insurance Exchanges. Repealing this funding will dramatically hamper States' efforts to provide critical access to affordable and high quality insurance for the uninsured or underinsured.

The Exchanges are a vital component to the Affordable Care access in that they will help simplify the process of purchasing insurance for American families and small businesses.

For the first time, individuals, families and small business alike will be able to shop for their coverage like they would for any other product—comparing the benefits, the services and prices side-by-side so that they can make a decision about what coverage will best fit their needs and their budget. These marketplaces will be transparent and competitive.

It is ironic that my colleagues across the aisle continually claim that the States best know the needs and challenges facing their population, yet today's legislation would hamstring the ability of States to plan and prepare their own exchanges.

HHS has already made available more than \$296 million to 48 States, the District of Columbia and four territories to begin this work, and my home State of Michigan received more than \$999,000 to begin their planning.

This funding will help Michigan determine who will be eligible for the Exchange, review the technical components needed to run the Exchange, develop a model and structure, as well as begin stakeholder discussions on implementation.

Repealing this funding will not only hurt Michigan's efforts, but also the efforts of the other States and territories that have already begun planning and building their own marketplace and delaying implementation.

According to CBO, such a delay would prevent almost two million people from enrolling in state exchanges, and increase the number of uninsured by 500,000 in 2015. Further, CBO found that 85 percent of the cuts in H.R. 1213 will come on the backs of low and moderate income families through subsidy reductions for the purchase of health coverage.

More importantly, the successes of critical consumer protections that make up the Patient Bill of Rights in the Affordable Care Act depend on working Exchanges by 2014.

These reforms will end the worst abuses in the insurance industry:

Ending discrimination for pre-existing conditions, gender, health status or family history;

Requiring coverage of preventative care services;

Protecting the patients' choice of doctors;

Preventing rescissions of coverage as a patient is being wheeled into the operating room; and

Prohibiting arbitrary limits on coverage, among other things.

If we want the States to be able to pave their own path forward in creating a robust and successful exchange designed to help employers and consumers to navigate the purchase of health coverage, then we cannot vote in favor of defunding these critical grants.

I urge my colleagues to vote against this attempt to defund the Affordable Care Act.

Mr. STARK. Mr. Chair, I rise in opposition to H.R. 1213, legislation being brought forth by my Republican colleagues in the House as another step in their ongoing march to undo health reform. Like those that have come before it, this bill is going nowhere in the U.S. Senate. Yet, we are here wasting taxpayer dollars and government resources debating it.

This bill would repeal health reform's mandatory funding to states to help them establish health insurance exchanges. Exchanges are the new, fair marketplaces established in health reform to ensure that people have access to quality, affordable health insurance. The law provides grants to states to help them develop these new marketplaces which are to begin operating on January 1, 2014. CBO estimates that HHS will spend \$1.9 billion on these grants between 2012 and 2015, after which grant monies are no longer available.

This legislation is the strangest of the repeal bills they've brought up so far. In fact, it is downright comical. If this bill were to be enacted into law, it would actually create a federal takeover of the American health care system—the very thing Republicans campaigned against in the last election cycle!

That's right. This bill would cause states to lose funding to create health insurance exchanges. However, a key fact that Republicans fail to highlight is that if States don't establish them, the law requires the Federal Government to do so. As most States are facing budget crises, a lack of Federal funds to develop exchanges would lessen the chance that many States move forward with such plans. Therefore, it would fall to the Federal Government to take over. That's what CBO presumes in their analysis as well.

So, we have before us today a bill that I predict all House Republicans will support that would actually mandate a Federal takeover of health care and it's being considered as part of their effort to repeal health reform.

Are you confused? I am too. With this bill before us today, House Republicans have officially "jumped the shark" with their health reform repeal efforts.

It is disgraceful that we are wasting taxpayer dollars and precious time we could use tackling the real issues facing America—like creating jobs, withdrawing our troops from Afghanistan, or addressing rising gas costs by reducing corporate welfare for the oil industry—in order for House Republicans to continue paying lip service to their repeal efforts.

I urge my colleagues to join with me and oppose this Republican bill to repeal funding for health insurance exchanges.

Mr. VAN HOLLEN. Mr. Chair, today we are considering yet another bill in the Republican

majority's efforts to repeal the Affordable Care Act. H.R. 1213 would repeal the funding from the Affordable Care Act for States to establish competitive and transparent insurance exchanges.

This legislation will gut meaningful health insurance reform. A critical piece of the Affordable Care Act was to allow States to create insurance exchanges that will allow individuals and small businesses to comparison shop for affordable and quality health insurance coverage, just like what Members of Congress can currently do through the Federal Employees Health Benefits Program.

Many states—including Maryland—have already used Federal funding to set up these exchanges. Repealing this funding would have negative consequences for States and consumers. According to the non-partisan Congressional Budget Office, without Federal assistance, fewer States will be able to establish an insurance exchange, and the establishment of the exchange, enrollment and operations will be significantly delayed.

Mr. Chair, I urge my colleagues to oppose this misguided legislation.

Mr. GUTIERREZ. Mr. Chair, this bill would increase both health care costs and the number of American families who would be unable to purchase health insurance.

A central pillar of the Patient Protection and Affordable Care Act are the flexible, state-based health insurance exchanges that will bring greater competition, consumer protection and choice into the health insurance marketplace. Exchanges drive down premium costs for consumers and small business owners, and will empower all Americans to shop for the best available health insurance plan for their families. If repealed, half a million Americans who would be covered under the current law will find themselves unable to purchase insurance.

For the record, I strongly oppose H.R. 1213 and any effort to de-fund the Health Benefit Exchanges or the Patient Protection and Affordable Care Act.

Mr. BURGESS. I yield back the balance of my time.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule and shall be considered read.

The text of the bill is as follows:

H.R. 1213

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REPEALING MANDATORY FUNDING TO STATES TO ESTABLISH AMERICAN HEALTH BENEFIT EXCHANGES.

(a) IN GENERAL.—Section 1311(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 13031(a)) is repealed.

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the funds made available under such section 1311(a), the unobligated balance is rescinded.

The CHAIR. No amendment to the bill is in order except those printed in House Report 112-70. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent of the amendment,

shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MS. JACKSON LEE OF TEXAS

The CHAIR. It is now in order to consider amendment No. 1 printed in House Report 112-70.

Ms. JACKSON LEE of Texas. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 1, add at the end the following:
(C) NOTICE OF RESCISSION OF UNOBLIGATED FUNDS.—Not later than 10 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall post on the public website of the Department of Health and Human Services a notice of—

(1) the rescission, pursuant to subsection (b), of the unobligated balance of funds made available by section 1311(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(a)); and

(2) the amount of such funds so rescinded.

The CHAIR. Pursuant to House Resolution 236, the gentlewoman from Texas (Ms. JACKSON LEE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

Ms. JACKSON LEE of Texas. Mr. Chairman, listening to the general debate, I would have to say that I am concerned and not supportive of this legislation and would hope that we would vote against the underlying bill.

But I have an amendment that I believe my colleagues on both sides of the aisle would appreciate, and it's very simple. This amendment will provide the public with important information about mandatory funding to States for health benefit exchanges that will no longer be available for the public and small businesses to use in order to obtain competitive health coverage for their necessary health care, post the moneys that are rescinded, and let the public judge for themselves: Good health care or not.

This particular amendment deals directly with the concern that we don't have the ability to move forward on health exchanges that will help the vast numbers of Americans. For example, the American health benefit exchanges make it easier for small businesses and the public to obtain competitive health insurance on the basis of price quality rather than to be subject to the abuses of insurance companies who would charge exorbitant, prohibitive rates. The health care exchange program is a key element of the Affordable Care Act, aimed at providing coverage to the uninsured.

There are 6.2 million residents in my home State of Texas that do not have health care insurance. Of the 26 percent of the Texas population that is uninsured, 18 percent are children. Insurance exchanges would also be available to small businesses with fewer than 100 employees. Texas is home to nearly 400,000 small businesses employing less

than 500 people and nearly 2 million self-employed entrepreneurs. Letting everyone know that we are making a good dent in the deficit, which we can do in many, many other ways, will also show them why I don't have good health care. Meaning, why don't small businesses and farmers?

So at this time, Mr. Chairman, I would ask that my colleagues support an amendment that is transparent to let you know what the savings are. But what's the question? What's happening to the accelerating rate of health care and the sick people who are getting sicker?

With that, I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I rise in opposition to the amendment.

The CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. I supported a seemingly similar amendment 3 weeks ago when the House considered H.R. 1217, a bill related to the public health slush fund in the Patient Protection and Affordable Care Act. However, I have to oppose this amendment because, despite the seeming similarity of the two amendments, this really is an apples-to-oranges comparison. The public health slush fund considered under H.R. 1217 provided a specified amount in mandatory funding for the Secretary in fiscal year 2011 and each year thereafter. In Ms. JACKSON LEE's amendment 3 weeks ago, it would be possible to determine the amount of funds that would be rescinded in fiscal year 2011 if H.R. 1217 had been enacted into law. But the amendment offered today by Ms. JACKSON LEE actually strengthens the arguments in favor of passing H.R. 1213, the bill before us today.

Section 1311 of the Patient Protection and Affordable Care Act provided the Secretary with an unlimited amount of money with virtually limitless discretion to spend on establishing exchanges or what activities could facilitate enrollment in what are known as qualified health plans. Giving the Secretary a blank check to spend is an abdication of our responsibility here in the House of Representatives. This blank check also makes it impossible to implement the Jackson Lee amendment. There is no dollar figure for how much the Secretary can spend on this program. It is simply an unknown unknown. The Secretary could decide tomorrow to spend another \$100 million or another \$100 billion. In 2013 the Secretary could take the advice of CMS and funnel money into any amount of activities. Congress and, for that matter, the general public won't know that until the money is spent.

I think the gentlelady from Texas has good intentions with her amendment. Unfortunately, because Congress decided to leave it entirely up to the Secretary of Health and Human Services and the Secretary alone to determine the amounts of money that can be spent, the amendment does not work in this circumstance. I urge my colleagues to oppose the amendment.

Ms. JACKSON LEE of Texas. I thank the gentleman from Texas. But he well knows that we have had mandatory appropriations, and it is not difficult to indicate what money you are allegedly saving. So if the American public can juxtapose those so-called savings on the backs of the elderly, losing Medicare of course, on the backs of sick families and sick children, and to see how we can stop the normal primary medical care that you would get for children that are in need that these health exchanges would provide, and as well neonatal care for children who are born prematurely, this is what the Republicans would like us to do as we eliminate our health exchanges.

Frankly, he should look at what has already happened. Forty-nine States, including the State of Dr. BURGESS and myself, the State of Texas, have applied for funding for health exchanges. And so to stop in the middle and suggest that you are now impacting the deficit—no, you are killing and losing and indicating that you want to close down the good health care that we are trying to promote. Insurance exchanges would also be available again to small businesses, and Texas is home to nearly 400,000 of them. The Kaiser Foundation says 23 percent of the Texas population lives in poverty. They would be able to participate in these exchanges. I would make the argument that it's good to put how much money you are allegedly saving so you can see how much you are losing by all the sick people who would not have care.

I reserve the balance of my time.

Mr. BURGESS. Again, I would just simply point out that the gentlelady's amendment under the legislation that was considered previously was appropriate because there were actually funding levels that were mentioned in the legislation.

Now, reading from the Patient Protection and Affordable Care Act here in section 4002, under the Prevention and Public Health Fund, in paragraph B, which discusses funding: There are hereby authorized to be appropriated and appropriated to the fund out of any moneys in the Treasury not otherwise appropriated, one, for fiscal year 2010 \$500 million; two, for fiscal year 2011 \$750,000, and so on and so forth. In other words, the funding is explicit under the previously considered legislation.

Under the legislation today, which is the health benefits exchange, here is how the funding language reads: For each fiscal year, the Secretary shall determine the total amount that the Secretary will make available for each State for grants under this subsection. Well, we have no earthly idea. Is that \$10, \$100, \$100 million, \$100 billion, \$13 trillion? We have no earthly idea.

So while the intent of this amendment in previous legislation was one which the majority could accept, in this case, it actually becomes meaningless because there is no dollar figure

specified as the upper limit as to what the Secretary can spend.

I reserve the balance of my time.

Ms. JACKSON LEE of Texas. I thank my good friend from Texas, and he has made my argument because the Secretary of Health and Human Services can explicitly state the funding that might be used. In addition, isn't it interesting that this is being repealed on the basis of savings, and yet the Republicans can't explain whether there are going to be any savings or not.

At the same time, sick people are going to get sicker. And in my State, 444 people out of every 100,000 have cancer. Of the population, 9.3 percent are diabetic, 32 percent are overweight; and they will not be able to have the coverage. I am going to ask my colleagues to vote on a sensible amendment. Show us what you are going to save. Let it be put on the Web site. Let the American people see it. And explain why you would rather put these dollars on while you raise the cost in an unbelievable way. And because of the fact that people will not have insurance, they will get sicker and sicker and sicker and sicker. God forbid if we take out Medicare and all the seniors will wind up being sick and lose their lives as well.

I reserve the balance of my time.

□ 1510

Mr. BURGESS. I reserve the balance of my time.

Ms. JACKSON LEE of Texas. Mr. Chairman, let me just say that, if H.R. 1213 passes, it will severely harm cash-strapped States who cannot afford to establish the health benefit exchanges which, by the way, will help people of all backgrounds, and particularly our small businesses, our farmers and, yes, the children that you've seen on these posters.

I ask my colleagues to support this important amendment. Show your cards. If we're saving money, let it be on the Web site, and let us compare those savings against the thousands and millions of individuals who will be blocked from having health exchange opportunities. While some of us will have savings accounts, others will have nothing, absolutely zero.

Vote for the Jackson Lee amendment to really show the cards of what happens when you cut out and repeal health care coverage for America.

Mr. Chairman, I would first like to state my clear position that I am adamantly opposed to H.R. 1213 and its Repeal of the Mandatory Funding Provided to States to Establish American Health Benefit Exchanges under the Affordable Care Act. The funding for American health benefit exchanges curbs insurance company abuses, saves lives and saves money.

If H.R. 1213 to Repeal Mandatory Funding Provided to States to Establish American Health Benefit Exchanges Provided under Section 1311(a) of the Patient Protection and Affordable Care Act is enacted into law:

I. WHAT MY AMENDMENT DOES IS

Requires the Department of Health and Human Services to post public notice on its of-

ficial website that the funds from Section 1311(a) of the Patient Protection and Affordable Care Act that will be rescinded including the amount of the funds rescinded.

This amendment will provide the public with important information about mandatory funding to States for health benefit exchanges that will no longer be available for the public and small businesses to use in order to obtain competitive health coverage for their necessary health care.

This amendment also assists my Republican colleagues by permitting them to easily and transparently show the American public that they are cutting government spending, by how much they are cutting spending, and where they are cutting government spending. So I expect that my Republican colleagues will fully support this amendment.

II. PURPOSE OF THE MANDATORY FUNDING TO STATES FOR AMERICAN HEALTH BENEFIT EXCHANGES CREATED UNDER THE AFFORDABLE CARE ACT (SECTION 1311(A) OF THE AFFORDABLE CARE ACT)

When Congress passed the Affordable Care Act in 2010 and the President signed it into law, the Department of Health and Human Services was mandated to provide funding by making Grants to States for the purpose of establishing "American Health Benefit Exchanges," so to make it easier for small businesses and the public to obtain competitive health insurance on the basis of "Price & Quality" rather than be subject to the abuses of insurance companies who would charge exorbitant, prohibitive rates for coverage. This was already a cost cutting measure. This is sorely needed insurance reform.

The health insurance exchange program is a key element of the Affordable Care Act aimed at providing coverage to the uninsured. Six million two hundred thousand residents in my home state of Texas do not have health care coverage. Of the 26 percent of the Texan population that is uninsured, 18 percent are children.

Insurance exchanges would also be available to small businesses with fewer than 100 employees. Texas is home to nearly 400,000 small businesses employing less than 500 people, and nearly 2 million self-employed entrepreneurs who would certainly benefit from a health insurance exchange.

According to the Kaiser Family Foundation, 23 percent of Texas' population lives in poverty. Health insurance exchange programs would provide relief to those living at less than 133 percent of the poverty level, about \$14,484 dollars annually, by making them eligible for Medicaid in all states. More than 30 percent of impoverished Texans would be eligible for Medicaid under this provision.

The Health Benefit Exchange Programs were championed as a means for people to get affordable health care and now they are opposing that very principle in H.R. 1213.

If H.R. 1213 passes, it will severely harm cash-strapped states who cannot afford to establish the health benefit exchanges on their own.

The Affordable Care Act requires all State Health Benefit Exchanges to be self-sustaining by Year 2015 and no further Federal grants will be made to states for health benefit exchanges after January 1, 2015. This sounds like the State's rights that my Republican colleagues have been championing on this Floor for a very long time in the course of debating health care reform. Now, they are opposed to

the very State's rights contained in the Affordable Care Act that pertain to health benefit exchanges.

This bill takes away the ability of States to provide cost-saving health coverage through Health Benefit Exchanges.

This bill deals a severe blow to America's middle class and small businesses who simply seek to obtain affordable health insurance so they can do their part to help keep America healthy and contribute to our continued national economic growth.

I urge all of my colleagues to support my amendment to H.R. 1213 to facilitate transparency in government spending cuts and notice of funding that will no longer be available to them.

The CHAIR. The time of the gentlewoman has expired.

The gentleman from Texas has 1½ minutes remaining.

Mr. BURGESS. Mr. Chairman, the real travesty here is the fact that there is no upper limit on what the Secretary of Health and Human Services can spend on the exchanges. It is pointless to put up on the Web site how much money has been saved when the actual amount of money to be spent equals infinity.

We are borrowing 42 cents out of every dollar that we spend at the Federal level from the Chinese and handing the bill to our children and grandchildren. That has to stop. That's what this legislation is about today. That is why I urge my colleagues to vote against the Jackson Lee amendment and vote for the underlying bill.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE).

The question was taken; and the Chair announced that the noes appeared to have it.

Ms. JACKSON LEE of Texas. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Texas will be postponed.

AMENDMENT NO. 2 OFFERED BY MS. WATERS

The CHAIR. It is now in order to consider amendment No. 2 printed in House Report 112-70.

Ms. WATERS. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of section 1, add the following new subsection:

(c) REPORT.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the extent to which States are expected to have difficulties establishing Health Benefit Exchanges without Federal assistance repealed and rescinded under subsections (a) and (b).

The CHAIR. Pursuant to House Resolution 236, the gentlewoman from California (Ms. WATERS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from California.

Ms. WATERS. Mr. Chairman, my amendment requires the Secretary of Health and Human Services to submit to Congress a report on the extent to which States are expected to have difficulties establishing health benefit exchanges without the Federal assistance repealed by this bill.

The Affordable Care Act requires the establishment of health benefit exchanges in every State. These exchanges will be a marketplace where individuals, families, and small businesses can purchase health insurance. The exchanges will feature a variety of health plans offered by different insurance companies, all of which must offer a comprehensive set of essential health benefits at affordable prices. The purpose of these exchanges is to enable American consumers to compare premiums, out-of-pocket expenses and benefits, and make informed choices among competing health plans.

The Affordable Care Act places an emphasis on State-based health reform. The Affordable Care Act allows States to set up their own health benefit exchanges and offers grants to States to assist them in doing so. A total of 49 States, the District of Columbia, and four territories have already applied for these exchange grants. These States and territories are working hard to determine what type of health insurance marketplace will be best for their families and businesses.

Without Federal funding, some States could have difficulty establishing exchanges in a timely manner. This could lead to poor management of the exchanges, fewer health plans included on the exchanges, and years of delay in getting the exchanges up and running.

Some States might simply refuse to establish exchanges at all in the absence of Federal assistance. This would result in greater costs for the Federal Government because the Affordable Care Act requires the Federal Government to set up health exchanges in those States that do not set up their own exchanges.

According to the Congressional Budget Office, States that attempt to set up health exchanges without Federal funding may face challenges in making their exchanges fully operational by 2014, as the law requires. These challenges could limit the desirability of the exchanges for consumers and reduce the capacity of some exchanges to process enrollment. As a result, CBO estimates that by 2015, there will be almost 2 million fewer people enrolled in State exchanges.

Many States are already facing declining revenues and budget pressures as a result of the Great Recession. Some States were forced to make painful choices, increasing taxes or cutting spending in order to make ends meet. Budget pressures have forced States to consider closing public health facilities, postpone transportation and infrastructure projects, and lay off teachers, law enforcement officers and other

public employees. If the Federal Government expects States to set up health exchanges without any assistance, it will only compound their budgetary problems.

My amendment requires the Secretary of Health and Human Services to report to Congress, within 6 months of enactment, on the difficulties States will encounter while trying to set up these exchanges without Federal help. If Congress is going to deny States the funding that was mandated for them to set up their health exchanges, Congress needs to know the extent of the difficulties States will face without these funds.

I urge my colleagues to support this amendment.

I yield back the balance of my time.

Mr. BURGESS. Mr. Chairman, I rise in opposition to the amendment.

The CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. I stand in opposition to the Waters amendment because it does perpetuate the fallacy that the Patient Protection and Affordable Care Act will actually provide affordable health care options.

We've had this debate for some time, and my colleagues on the other side of the aisle have argued that the way to provide an affordable coverage option to the uninsured is through a massive 2,700-page law authorizing thousands of pages of new regulations. Yet we've learned that merely one costly requirement of the many contained in the Patient Protection Affordable Care Act has forced the Secretary to issue over 1,200 waivers.

Now, Mr. Chairman, I want you to take a minute with me and to envision in your mind's eye, I want you to visualize a central planner, maybe a very benevolent central planner, but a central planner nevertheless, moving data points around on a spreadsheet. That's what we're going to have under this.

Washington will literally impose thousands of new requirements on plans that kindly bureaucrats are kind enough to allow poor Americans to buy in the Patient Protection and Affordable Care Act's exchanges. The only way to make these federally controlled health plans affordable is through the massive subsidy contained in the Patient Protection and Affordable Care Act. Yet every Member of this body should know that we can no longer afford the "business as usual" spending binge to which my Democrat friends are clearly affixed.

I also reject the premise of this amendment. Remember, a few moments ago when debating the baseline bill, I said, you know, we've given the Secretary of Health and Human Services the ability to write all the rules of the game and then to function as the referee to interpret the rules. That's what we're furthering with this amendment.

The underlying assumption of this amendment is that the Secretary of Health and Human Services should

issue a report to judge the benefits of the regulations. Oh, by the way, regulations that her own department writes. Given the politically charged reports being issued by the Department of Health and Human Services since the passage of the Patient Protection and Affordable Care Act, we shouldn't pay for another taxpayer-financed advertisement for their health care law.

I urge my colleagues to oppose the Waters amendment.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from California (Ms. WATERS).

The question was taken; and the Chair announced that the noes appeared to have it.

Ms. WATERS. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from California will be postponed.

□ 1520

AMENDMENT NO. 3 OFFERED BY MR. ELLISON

The CHAIR. It is now in order to consider amendment No. 3 printed in House Report 112-70.

Mr. ELLISON. I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of section 1 the following new subsection:

(c) REPORT.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report that contains the results of a study on the possible delays and potential enrollment reductions into Health Benefit Exchanges as a result of the repeal and rescission of funds under subsections (a) and (b).

The CHAIR. Pursuant to House Resolution 236, the gentleman from Minnesota (Mr. ELLISON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Minnesota.

Mr. ELLISON. Mr. Chair, today I rise to offer an amendment to H.R. 1213, and I rise in opposition to the underlying bill.

My amendment is very simple. It directs the Secretary of Health and Human Services to submit a report to Congress 6 months after the enactment of the bill, a report which examines the possible delays and potential enrollment reductions in the health care exchanges that will result from this bill. Yet, before I dive into my amendment, Mr. Chair, let's review just for a moment.

From the year 2000 to the year 2006, the Republicans controlled the House, the Senate and the White House. They controlled all three of those institutions at a time when Americans were literally going bankrupt because of medical debt. The fact is that the Republicans refused to do anything at all to try to help Americans within our

health care system, which was dysfunctional and broken.

They did nothing.

They stood back and watched 60 percent of all bankruptcy filings happen as a result of medical debt. They sat back and watched 47 million uninsured Americans as they faced nothing more than emergency rooms as relief. They sat back and watched small businesses either have to offer no health care insurance at all or have to stomach enormous health care burdens as premiums just galloped along day after day. They sat back and watched while auto companies produced vehicles where as much as \$2,100 per car went to nothing but health care costs.

This is the Republican Conference that now seeks to try to take away what the Democratic Caucus and the United States Congress passed the last time. Instead of trying to say "we're here to do something; we're here to offer some solutions," all they want to do is to strip away from Americans that little bit of protection from the vicissitudes of the health care insurance industry that they have been subjected to for so many years. Instead of saying "we're here to help," they're here to help the insurance companies. That's whose side they're on. It is a shame and a disgrace, and I am very, very sad to see this bill on the floor today. So what I'd like to do is to offer an amendment, Mr. Chairman.

I offer an amendment to say, if we're going to do this, if we're going to take away from the American people these exchanges that are going to give them a little bit of relief, let's at least know what we're doing. Let's at least figure out what the effects are going to be on the American people instead of just snatching out of their hands these exchanges that are designed to give them a little bit of relief from the health care insurance companies. Let's find out who is going to be delayed and what potential enrollment reductions are going to exist. Let's figure it out.

This is an important and a meritorious amendment, and I think the least the Republican Conference can do is to say, You know what? If we are going to go back to the bad old days, which was before the Affordable Care Act was passed, at least we ought to know what harm we are going to be doing to the American people.

So I urge support of this amendment. I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I rise in opposition to the Ellison amendment.

The CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. Mr. Chairman, I do feel obligated to point out that the insurance companies of this country love the Patient Protection and Affordable Care Act. Look what happened to their stock on March 24 of 2010. It went through the roof. The reason is that they got individual mandates, not supported by any Republican I'm aware of. They got individual mandates that

every man, woman and child in this country now has to purchase their products. They were suddenly released from creating products that people might actually want, and now you have to buy their products because the Federal Government tells you you must, and the Internal Revenue Service is going to be the enforcer; but let's confine our remarks to the business at hand, which is the Ellison amendment.

The amendment would require the Secretary of Health and Human Services to submit a report on the possible delays and potential enrollment reductions in health benefit exchanges. Now, here is a bit of irony. The reason we need this bill is that the authors were either inadvertently providing the Secretary of HHS an unprecedented unlimited tap on the Federal Treasury for these grants or they meant to provide this blank check to the Secretary. Now the amendment would ask the same Secretary to evaluate the impact of taking away their authority to spend unlimited money.

I wonder how they're going to rule on that?

Not one amendment has been offered this afternoon that would actually ask the Secretary to report on how the Secretary is going to spend these funds or provide information regarding how much money the Secretary actually intends to spend in this section. People should be aware that the amendment does not ask for a report on the benefit of health insurance exchanges. Rather, the amendment asks the Secretary to evaluate only the exchanges contemplated under the Patient Protection and Affordable Care Act, which gives the Secretary the authority to determine what plans can be sold and what benefits must be offered.

The Secretary is even given the authority to limit your choices of doctors. That's not rhetoric. That's in section 1311(h) of the Patient Protection and Affordable Care Act. Some States may want to create exchanges that look nothing like the centrally controlled exchanges called for in PPACA. Yet this amendment only wants the Secretary to report on exchanges that the Secretary is charged with creating. Some States may want to create exchanges that actually provide people real choices and that actually let people keep their doctors. Some States may feel that reforms other than exchanges fit their States better.

I also oppose the amendment because it is a conflict of interest to ask the Secretary to report on whether the Secretary believes that unlimited funding and numerous authorities to control the exchanges are a bad or a good thing. I also reject the notion that only an exchange designed and controlled by Washington, D.C., can reduce the number of uninsured.

I reserve the balance of my time.

The CHAIR. The gentleman from Minnesota has 2 minutes remaining.

Mr. ELLISON. Mr. Chair, why all the attacks on the Secretary of Health and

Human Services? I believe our Secretary of Health and Human Services is an honorable person, and there is no basis to attack her integrity on the House floor. That again is a disgrace and a very sad occasion. This Secretary of Health and Human Services was appointed by a duly-elected President, and was confirmed by the Senate. Yet the Secretary has to withstand all of these attacks on her integrity.

The fact is that this is still nothing but a diversion and a distraction. This is an attack on the American people's legislation to fix this health care system. As the gentleman goes on and on about government, look, health insurance companies, which have absolutely no accountability except to their stockholders and their highly paid CEOs, are denying care, denying treatment, denying doctors. This is the tragedy that Americans are living through every single day.

By the way, to the tune of as many as 52 million people, Americans have gone bankrupt, have lost their livelihoods, and have been uninsured. What is the gentleman's answer to that? We've heard nothing about this—only what's wrong, only blaming government. In this democratic Nation, which I am proud of, he attacks our government, the American people's government. This again is an abomination and a sad thing.

Let me just say, if the insurance companies love the bill so much, why have they lobbied against it to the tune of \$14 million a day? I remember standing on this House floor, seeing the insurance company lobbyists here every day. They spent as much as \$14 million a day to defeat the Affordable Care Act. This is the bill that, according to the gentleman, they love so much. The fact is that that, again, is not accurate. It's untrue.

This is a good amendment. It just adds a little bit of sunshine which will help people get into exchanges to get affordable health care insurance policies. As that is stripped away and snatched out of their hands, Americans will at least know why and the impact of it.

I yield back the balance of my time. The CHAIR. The gentleman from Texas also has 2 minutes remaining.

Mr. BURGESS. Mr. Chairman, I will direct my remarks to you and will try not to make them personal, but I am offended that the previous speaker would say that I am attacking the Secretary of Health and Human Services. Nothing could be further from the truth.

The fact of the matter is, Mr. Chairman, that the Patient Protection and Affordable Care Act that was pushed through this Congress by then-Speaker PELOSI and members of the Democratic Caucus gave the Secretary of Health and Human Services unprecedented power. With regard to every man, woman and child in this country, the most intimate aspects of their lives are now controlled by the Secretary of

Health and Human Services. Further, every time in this law where it reads “and the Secretary shall—” and I believe there are almost 2,000 of those phrases—there is a new episode of a Federal rulemaking. There are thousands of pages that go in the Federal Register.

□ 1530

Now, I know most people spend part of their nights reading the Federal Register every evening; but for those who don't, these regulations are coming at you at an alarming rate.

Let's be honest about the insurance companies. The insurance companies love this bill. They get an individual mandate: you've got to buy their product. You have no choice. It is a mandate enforced by the Secretary and, oh, by the way, by the Internal Revenue Service.

Look, this is a bad amendment. Let us defeat this amendment. Support the underlying bill.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Minnesota (Mr. ELLISON).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. ELLISON. Mr. Chairman, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Minnesota will be postponed.

AMENDMENT NO. 4 OFFERED BY MR. PALLONE

The CHAIR. It is now in order to consider amendment No. 4 printed in House Report 112-70.

Mr. PALLONE. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 1, add at the end the following:

(C) GAO REPORT ON IMPACTS THAT FUNDING WOULD HAVE ON STATES ESTABLISHING EXCHANGES, IF NOT REPEALED AND RESCINDED.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study to determine the impacts that expenditures by States, using the funding made available under subsection (a) of section 1311 of the Patient Protection and Affordable Care Act (42 U.S.C. 18031), would have in establishing State-run American Health Benefit Exchanges (as described in subsection (b) of such section) that reflect the marketplace of the specific State (as opposed to State exchanges established and operated by the Federal Government), if such funding were not repealed and rescinded under subsections (a) and (b) of this section. In determining such impacts, the Comptroller General shall at a minimum address—

(A) whether employers with over 50 employees are permitted in such Exchanges to purchase insurance over time;

(B) what type financing mechanisms will be used to operate such Exchanges;

(C) whether such Exchanges will be active negotiators in selecting health plans to obtain the best price and quality for citizens;

(D) whether States will operate such Exchanges together with one or more other States; and

(E) whether there will be more than one such Exchange (subsidiary exchanges), each serving a geographically distinct area, in some States.

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report setting forth the results and conclusions of the study under paragraph (1).

The CHAIR. Pursuant to House Resolution 236, the gentleman from New Jersey (Mr. PALLONE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. I yield myself 3 minutes.

Mr. Chairman, my amendment requires the Comptroller General of the Government Accountability Office to study the impacts of the exchange grants on allowing States to set up State-run exchanges, as opposed to having the Federal Government establish and operate the States' exchanges.

Dr. BURGESS and I have had a colloquy on this back and forth all afternoon, and I know he just mentioned it again. My whole point today has been that if we are going to have exchanges, which I know many of my Republican colleagues would not want to do, but they are not repealing the State exchanges. They are simply saying that they are not going to give them any money to proceed.

I think that is a very shortsighted plan because the fact of the matter is that the State exchanges would work best if they had the flexibility and they had the money so that they could figure out what was the best way to tailor the health care exchange program to their needs in their State. My view is that by denying them that money through the State grants, we are simply letting the Federal Government come in and essentially run the exchange.

My colleague Mr. BURGESS keeps mentioning over and over again, well, the Health and Human Services Secretary is going to do this and is going to do that. Well, if he doesn't like that, then why in the world would he let her do it by saying they are not giving the States the money to do their own thing? I mean, if you believe in States' rights, if you don't want the Health and Human Services Secretary to control the process, then let the States do their thing, and the only way they are going to be able to do that is if they get some money to accomplish that goal.

I mentioned my home State of New Jersey has already received some money through these grants. They are doing demographic surveys. They are trying to find out who the clientele are, what the health concerns are of the clientele so that they can make decisions about what kinds of plans they would have on the exchanges, what they would offer on the exchanges. This is the type of thing that is allowed and encouraged if you have State grants. Without the State grants, that won't be possible.

All I'm saying with my amendment is to let us see what the GAO says would happen if the Federal Government comes in and runs these exchanges rather than the States. I don't think it is going to be a good thing by comparison, but I would like the GAO to certainly study it.

I would point out, 49 States, the District of Columbia, and four territories have gotten beyond the ideology and have applied for these exchange grants. There is almost nobody on either side of the aisle that doesn't have their State applying for these grants, because the States know that if they are going to set up these exchanges, they might as well have the money so they can have the flexibility to do it the right way. So all you are doing by repealing these grants is pulling the rug out from the States, your own State in almost every case, whether you are a Democrat or a Republican.

I don't want to repeat what Mr. Deal said, now the Governor of Georgia, but my colleague from Texas often mentions the Governor of Utah, and I just wanted to read a quote from the Governor of Utah.

The CHAIR. The time of the gentleman has expired.

Mr. PALLONE. I yield myself an additional 30 seconds, Mr. Chairman.

Governor Herbert of Utah stated at a recent hearing in the Energy and Commerce Committee on March 1—and he was commenting on Governor Barbour, who also appeared before the committee—he said: I am not saying it is the approach. It is an approach. And I would just echo what Governor Barbour said. You know, all States ought to have the opportunities to find the solutions to the problem.

So again, even the Governor of Utah, which Dr. BURGESS has mentioned many times, has said: I may not like the Affordable Care Act; I may not even like exchanges. But if you are going to have exchanges, it certainly makes sense for States to operate them and have the money to do it in a right way.

That is what this bill would stop. That is why we need the GAO report.

Mr. BURGESS. Mr. Chairman, I rise in opposition to the Pallone amendment.

The CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. Mr. Chairman, I yield myself 4 minutes.

The description provided by the author to the Rules Committee states that the amendment “would require the Government Accountability Office to report on benefits of funding in setting up State-run exchanges that reflect the State's marketplace, as opposed to State exchanges established and operated by the Federal Government.”

That description sounds appealing enough in its own right; but sort of like the health care reform law of last year, you have to read the amendment to find out what is in it.

The amendment does not ask the Government Accountability Office to examine the benefits of State-run health insurance exchanges. Rather, the amendment asks the GAO to report only the exchanges called for in the Patient Protection Affordable Care Act, whose rules and structure are dominated by Washington rather than States or individuals.

The amendment description speaks to "setting up State-run exchanges that reflect the State's marketplace." However, talk about State flexibility in the Patient Protection and Affordable Care Act is just that: it is merely talk.

I would remind my colleagues about the Golden Rule: He with the gold makes the rules.

So let's once again look at just a few areas where Washington will dictate operation and structures of the exchanges.

For the purposes of comparison, let me use Washington versus Austin, the capital of my State.

So will Washington or Austin choose the essential benefits that must be paid for by the individuals and families? Section 1302 of the Patient Protection Affordable Care Act says that responsibility is Washington's.

Will Washington or Austin control whether health savings accounts and other consumer-driven plans can be offered? Section 1302(d)(2) says Washington wins that round.

What about, will it be Washington or Austin that will select the doctors and other health care professionals that are allowed to provide care in the exchange plans? Well, section 1311(h) gives that authority to Washington, not Austin.

Washington or Austin to decide if your plan's provider network is adequate regardless of whether or not it covers your doctor? Section 1311(c)(1)(B) gives that authority to Washington, DC.

Will it be Washington or Austin to decide whether a plan provides linguistically appropriate and culturally sensitive information? Section 1311(i) gives the nod to Washington.

Will it be Washington or Austin that determines whether a State plan is properly accredited? Well, once again, section 1311(c)(1)(B), Washington wins that round also.

Washington or Austin, who do you think is going to win this one, can decide when individuals can enroll in an exchange plan? Section 1113(c)(1)(I)(6), Washington, DC wins that one.

Washington or Austin, impose certification and decertification plan requirements written by the Department of Health and Human Services? Well, that's hardly fair because HHS is in Washington, and, you guessed it, Washington wins that round.

Washington or Austin, who do you think is going to win this one: judge the adequacy of an exchange Internet Web site? That's something that the States should be able to decide. After all, who knows the residents of the

State better than Austin in the State of Texas? Well, Washington actually wins that round.

How about this one: Washington or Austin, force State government to pay for existing benefit requirements? Well, guess what, Washington, not the State. Washington will be the one making that determination.

□ 1540

Then under section 1321, If the Secretary determines a State has not taken the necessary steps, as determined by the Secretary, to meet all the requirements set forth by the Secretary, then the Secretary will take over the State exchange.

I think, Mr. Chair, you begin to get the impression that this is not State flexibility; this is of and run by Washington, DC.

I reserve the balance of my time.

The CHAIR. The gentleman from New Jersey has 1½ minutes remaining.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

My colleague on the other side, I don't understand. You are saying that you want Austin to do it, you want Austin to have the flexibility to frame a program that is done best because you think that Austin and the State are going to do it best. Well, if that is the case, why in the world are you putting this bill on the floor? Because my whole point in this amendment is that, by passing this bill, you are simply abdicating the right of the State to make a decision and to have the flexibility to set up a good program that is tailored to the State. It is the exact opposite of what you are saying you want to do.

If you believe that the Secretary of Health and Human Services in Washington is going to make the wrong decision, I don't think she would, but if you believe that, then you shouldn't be offering this bill, because this bill takes away the flexibility and the power of Austin or the States to make the right decisions. It is totally contrary to the purpose of what you are trying to accomplish. To me, it is mind-boggling.

Now, I think what you are really trying to do, of course, is just say let's forget about the exchanges, let's defund the exchanges, let's get rid of the whole Affordable Care Act. Obviously, that would be very unfortunate because so many more people are going to be covered at a low cost with a good benefit package and all the benefits and the antidiscriminatory practices that have already been in place would be gotten rid of.

I would say again, if you are totally opposed to the bill, that is one thing. But if you feel strongly that the State exchanges should be run by the States, then your legislation today is totally misplaced.

The CHAIR. The time of the gentleman has expired.

ANNOUNCEMENT BY THE CHAIR

The CHAIR. The Chair would remind all Members to address their remarks to the Chair.

The gentleman from Texas has 1 minute remaining.

Mr. BURGESS. I yield myself the balance of my time.

The Patient Protection and Affordable Care Act, as seductive as the title sounds, does not empower the States. In fact, it does just the opposite.

Some States have created or are in the process of creating State exchanges that would not meet the requirements set forth by Washington. For these and other States that don't believe that Washington knows best, I oppose this amendment. I urge my colleagues to oppose the amendment. I urge my colleagues to support the underlying bill.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New Jersey (Mr. PALLONE).

The amendment was rejected.

AMENDMENT NO. 5 OFFERED BY MR. WELCH

The CHAIR. It is now in order to consider amendment No. 5 printed in House Report 112-70.

Mr. WELCH. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. PRESERVING EXCHANGE GRANTS FOR STATES THAT APPLY FOR EARLY INNOVATOR GRANTS BEFORE 2012, SUBJECT TO AVAILABILITY OF APPROPRIATIONS.

(a) IN GENERAL.—Section 1311(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18031(a)) is amended—

(1) in paragraph (1)—

(A) by striking "shall be appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated" and inserting "is authorized to be appropriated";

(B) by inserting "(not to exceed \$1,900,000,000)" after "an amount"; and

(C) by inserting "that apply for an early innovator grant (as described in the January 20, 2011, Department of Health and Human Services funding opportunity announcement) before December 31, 2011," after "States";

(2) in paragraph (2), by striking "available to each State" inserting "available, subject to the amounts made available by an appropriations Act pursuant to paragraph (1), to each State described in paragraph (1)";

(3) in paragraph (4)(A), by inserting ", subject to the amounts made available by an appropriations Act pursuant to such paragraph," after "under paragraph (1)"; and

(4) in paragraph (5), by striking "provide technical assistance to States" and inserting ", subject to the amounts made available by an appropriations Act pursuant to paragraph (1), provide technical assistance to States described in paragraph (1)".

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the funds appropriated under such section 1311(a) before the date of the enactment of this Act, the unobligated balance is rescinded.

The CHAIR. Pursuant to House Resolution 236, the gentleman from Vermont (Mr. WELCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Vermont.

Mr. WELCH. Mr. Chairman, this Congress and the last Congress are at odds

about health care. It is a fundamental question of fundamental importance to the people of this country.

The last Congress passed the Patient Protection and Affordability Act. The first act of this Congress, of the House of Representatives, was to repeal that act. We have got disagreement about what should be done. The House legislation is pending in the Senate, likely to go nowhere. This legislation before us today is a further effort to unravel the law that was passed by the House, the Senate, and signed by the President last year.

Acknowledging that there is a serious debate within this body about the future direction of health care, this amendment would allow for the State health exchanges, where there have been applications by 13 States for early innovator grants, to go forward. It would exempt from the defunding \$1.9 billion that would be then subject to appropriations up to that amount. It wouldn't guarantee it. It would be subject to appropriations. My preference, quite frankly, was to make that mandatory, as it was in the original bill, but that was not permitted under the rules in order to make this amendment in order.

The advantage to doing this is it does, and I speak to my friend the gentleman from Texas, it allows the local States to be making decisions about how best to design their health care. Just to go through some of the recitation by the gentleman from Texas, the early innovator grants have been awarded to 11 States. Again, it allows them to decide what is the best design of these health exchanges. And these States include what we might call red States and blue States. It is Kansas and Wisconsin. It is Maryland and Massachusetts. It does include Vermont, my State, that has taken on responsibility to try to move forward to design a health care system that is good for business, good for consumers, and good for taxpayers.

So the fundamental question here is: Do you think that States can be a laboratory of experimentation and policy? The States take action. They implement a plan according to the design in Boston if it is Massachusetts, or Hartford if it is Connecticut, or Tulsa if it is Oklahoma, or Montpelier if it is Vermont; and the folks in that State, where they have fundamental responsibility for the citizens of that State, will be making the decision.

This allows us to be partners with the States where they take on this responsibility. They get some help from the Federal Government to implement these health benefit exchanges, and we are allowed, then, to basically get the benefit of the Federal system where States make decisions and the Federal Government is a partner.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I rise in opposition to the amendment.

The CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. BURGESS. I yield myself 4 minutes.

My colleagues on the other side of the aisle have argued that these grants encourage flexibility by promoting State control of the exchanges. Yet this argument is based on the premise that States can actually design the right health care plan for their citizens under the Patient Protection and Affordable Care Act. But when you look at the law, you understand that this concept is actually not true.

In reality, the relationship between the States and Washington, the States are the servant, not a partner of Washington under this health care law. The Secretary of Health and Human Services will control what benefits must be bought, must be bought, in an exchange.

A benevolent central planner, and I underscore the word "benevolent," but a benevolent central planner will decide whether you, your doctor, your nurse, your clinic, your hospital can provide care to you through an exchange plan. A regulation writer at the Department of Health and Human Services will decide whether or not your health savings account complies with their rules.

Rather than promote local control, the Patient Protection and Affordable Care Act's exchanges have only the veneer of providing States flexibility, and they certainly rob an individual and they rob families of health care choice, even if they are happy with the coverage that they currently have.

The Welch amendment does not authorize a grant program for States to establish exchanges, that is exchanges written with a lower case E, but, rather, Health Benefit Exchanges, all caps, that are contemplated in the Patient Protection and Affordable Care Act.

Section 1321 of the bill has the title "State Flexibility in Operation and Enforcement of Exchanges," but a reading of that section shows the title could not be anymore misleading. The section is littered with phrases such as "other requirements the Secretary determines appropriate," or words such as "the Secretary determines that an electing State has not taken the actions the Secretary determines necessary."

Section 1311(k), I have referenced that previously, section 1311(k) states that "an exchange may not establish rules that conflict with or prevent the application of regulations issued by the Secretary."

□ 1550

Mr. Chairman, I am encouraged that the supporter of the amendment believes that we should not provide the Secretary with a blank check. However, I oppose this amendment because it perpetuates the idea that the Federal Government should dictate how States establish exchanges.

Last year, we were told we need to read the bill to know what is in it. Today, I ask those here in this body to

ignore the rhetoric and actually read the bill. Those who do will clearly see that any suggestion that the Patient Protection and Affordable Care Act provides States flexibility does not hold up to the words in this 2,700-page bill.

I reserve the balance of my time.

Mr. WELCH. How much time do I have remaining?

The CHAIR. The gentleman has 2 minutes remaining.

Mr. WELCH. Thank you.

I want to talk a minute about Social Security. You have access to Social Security whether you live in Texas or you live in Vermont. It's a program that benefits every single citizen of this country. The underlying premise of Social Security is that we're all in it together. We all pay into the benefit program and we all benefit, whether you're rich or whether you're poor. We're all in it together.

Our amendment acknowledges that this is a stronger and better country if all of us have access to affordable health care, whether you live in Texas or you live in Vermont. So, yes, it is true that in the Welch amendment we maintain that national commitment to all Americans being covered and all Americans benefiting by access to health care, which we know they need. But what it also does is say that in the implementation and in the delivery of health care, driving decisions and authority down to the local level will help us be successful. It will allow States to show that maybe they have the better way of achieving this goal of access to health care for every citizen in the country.

So, yes, I say to the gentleman from Texas, we do embrace in my amendment the concept that every American should have access to affordable health care. But what we also do, I say to the gentleman from Texas, is acknowledge that States can experiment; that folks at the local level may have a better way to make decisions and actually to deliver care. And if they design a plan in Texas to do it one way and we design a plan to do it in Vermont another way, why not? Why not let the States figure out how to make good on this promise to America that every one of us can have access to the health care that we need.

I yield back the balance of my time.

The CHAIR. The gentleman from Texas has 2 minutes remaining.

Mr. BURGESS. I thank the chairman.

I would just say, once again, the flexibility does not exist. It's a veneer, it's a falsehood that under this plan the States would maintain flexibility. The Secretary determines whether or not the States are complying. The Secretary determines whether or not the plans are in compliance with what the Secretary thinks is a reasonable plan to be offered. If we want to talk about the ability of people to buy insurance across State lines, that's an argument that we can and should have. I don't

know why your side rejected that in the debates over the Patient Protection and Affordable Care Act. The fact of the matter is, they didn't. We are where are. Let's defeat this amendment and support the underlying bill.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was rejected.

Mr. BURGESS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. BURGESS) having assumed the chair, Mr. LATOURETTE, Chair of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, had come to no resolution thereon.

REPEALING MANDATORY FUNDING FOR SCHOOL HEALTH CENTER CONSTRUCTION

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1214.

□ 1555

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

Mr. BURGESS. Mr. Chairman, I yield myself such time as I may consume.

The Patient Protection and Affordable Care Act included \$105 billion of directly appropriated mandatory funding of numerous programs and provisions included in the law. For example, section 4101(a) of the Patient Protection and Affordable Care Act provides \$50 million in mandatory spending for construction and expansion of school-based health centers every year, from the inception through 2013, for a total of \$150 million. In our current financial situation, it is not only necessary but it is our responsibility that we examine all of our spending and make all necessary adjustments.

H.R. 1214 is a simple bill aimed at a simple goal—to get some of the spending that the Patient Protection and Af-

fordable Care Act advanced inappropriately. Section 4101(a) of the Patient Protection and Affordable Care Act funds only the construction of school-based health centers. The \$50 million in grants are for construction only and there is an express prohibition on these funds being used to provide health services. No such provision was in the bill passed by the House. You will recall H.R. 3200 was the Health Care Reform Act that the House of Representatives worked through its committees of jurisdiction, on which we held hearings, on which we had debate on the floor of the House, and which passed the House in November of last year. It had no such provision in the House Democrats'-passed bill. Since no such provision was included in the health bill, and if the Senate Democrats considered the school-based health centers important enough to receive mandatory funding, why was the mandatory funding strictly limited to the construction of the buildings? Not one cent is guaranteed to see a child, but automatic checks out of the Treasury to build these centers.

I will point out that section 4101(b) of the Patient Protection and Affordable Care Act created a new discretionary grant program for school-based health centers. But this grant program requires them to use the funding to provide health care services. However, the President's budget did not fund section 4101(b), failing to provide school-based health centers money expressly for the purpose of actually providing the service.

Fundamentally, we might even have some agreement on school-based health centers. I am on record of having supported them in the past, and I believe opening health care points of access is important. I want to do more in this realm. But providing mandatory spending, forced spending to construct facilities without adequate safeguards if they will provide care is irresponsible and it certainly abdicates the pursestring nature of the House of Representatives. We are the people's House. It is our obligation to oversee the money that is spent on behalf of the people of the United States.

Not one guarantee of a doctor, not one cent of payment for an immunization, not one ounce of common sense is included in the policy. I will note that this bill does not touch the discretionary program to provide care. I urge my colleagues to support restoring a little fiscal restraint and a little responsible policy to a small part of the law which will destroy the practice of medicine as we know it in the Nation and put the taxpayer on the hook for trillions of dollars in spending.

I reserve the balance of my time.

□ 1600

Mr. PALLONE. I yield myself 3 minutes.

Mr. Chairman, once again I'm listening to my colleague Dr. BURGESS, whom I respect, and he's talking about

the common sense being lacking on the Democratic side. After listening to him, I think the rationale and the common sense is lacking on the Republican side.

My colleague from Texas has said over and over again he supports school-based clinics. He even supports Federal funding for school-based clinics. Then what is the possible rationale for posting this bill?

Many of my colleagues on the other side have said today they're opposed to the entire Affordable Care Act. They're opposed to funding the entire Affordable Care Act. Yet somehow today they're taking little pieces of the Affordable Care Act that they even agree with, from my understanding in listening to my colleague from Texas, and still saying we're going to defund them. I defy my colleague to really understand why.

School-based health clinics are a tremendous success story. These programs provide primary care, mental health, dental health services to vulnerable children across the country in every State. Multiple studies have found that these programs are cost-effective investments. They result in lower emergency room usage, hospitalizations, and Medicaid costs. In fact, patients seen at school-based health centers cost Medicaid on average \$30.40 less than comparable non-school-based health center patients.

This is saving the Federal Government money. That's the bottom line. And what we're trying to do here is to basically provide for construction, renovation, and equipment for these centers. Now, in order to get the grant for that, you have to show that you have the funds to operate the center. So when Dr. BURGESS says, why are you paying for construction, why are you paying for renovation, but you're not paying or you're not providing for operations? Every one of these has to show that they have the money to do the operations before they get the money for construction. What does construction and renovation mean? It means jobs.

I repeat again, when I was home for the last 2 weeks, all I heard from my constituents is, When are you going to improve the economy more? When are you going to create more jobs? This is a program that creates jobs, helps kids, provides for their well-being and their health, and it's all preventative. These projects have to be shovel ready in order to be funded. So we're talking about money that's going to be immediately spent to put these centers together and to renovate them.

I keep hearing my colleagues say repeal and replace. That's the mantra with the health care bill: We want to repeal it and replace it. But I never hear anything about replace. All I hear about is repeal, and in this case repealing a program that is a proven success.

It makes absolutely no sense to pass this bill. I hear my colleagues on the other side say over and over again

they're for these clinics, they're for these centers. Then why in the world do you bring this bill to the floor?

I urge my colleagues to oppose this legislation.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

This mandatory spending was not in H.R. 3200, the House-passed health care reform bill. Make no mistake, I voted against 3200 just as I voted against 3590. But, nevertheless, the bill that subcommittee Chairman Pallone last Congress brought through did not have mandatory spending for school-based health centers in his bill.

Some of us get up today and act as if mandatory spending for this program is imperative, that it's the only way to go, that we can't provide care if we don't have mandatory spending for building the exam room. But, again, I remind my colleagues on the other side that simply an exam room with an exam table, a thermometer and a sphygmomanometer does not provide 1 ounce of care to a child. It does not save any money in an emergency room visit. It is simply an exam room sitting unutilized because the President of the United States said, I'm going to zero out the discretionary funding for staffing these clinics. That's why this makes no sense.

I urge, again, support for the underlying bill. It is important to bring this back into the authorization process so our appropriate committees can have the oversight over the expenditure of these funds.

I reserve the balance of my time.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Chairman, again, Dr. BURGESS talks about how we're spending money on construction, renovation, but we don't provide mandatory spending for operations. As I said, in order to get the grant under the Affordable Care Act for construction of a school-based health center, you have to show that you have the money to operate.

So what does that mean? That means that we are using some Federal dollars to attract either State or in many cases private dollars to set up these centers. What is wrong with that? They are guaranteed that once the money is spent on construction and creating the jobs that come from the construction or renovation that the money is available to operate the centers. There's nothing wrong with that. It's actually a good thing. It promotes a Federal-State cooperation, and it brings in some private dollars as well.

The other thing I would point out is my colleague from Texas keeps talking about mandatory appropriations. The fact of the matter is that health care initiatives over the years, Democrat and Republican, have provided some mandatory, some discretionary. The same thing we're doing here. The fact of the matter is that Medicare, Medicaid, and a lot of other Federal health programs pay for health care services

with mandatory expenditures. And a lot of that is for acute care, acute illness, injury, or chronic diseases. Now, there's no similar approach when it comes to promoting wellness, preventing disease, and protecting against health emergencies. So here for the first time now we're going to have a combination of some mandatory and some discretionary spending for a preventative program, a clinic, a center for kids in their schools that actually helps and prevents them from going to a hospital, to an emergency room, to be institutionalized. So I just think this is false, this notion of mandatory versus discretionary.

The bottom line is if you care about school-based centers and you want to have them, then I think you should oppose this bill because the legislation that this bill is seeking to kill, the Affordable Care Act, for the first time provides funding to put up a lot of these school-based centers. And this is what we need as a preventative measure to prevent these kids from having more serious problems, going to the emergency room. Let's give them primary care up front so they can stay well.

I reserve the balance of my time.

Mr. BURGESS. I yield myself 1 minute.

Mr. Chairman, this language was put in the Senate's health care bill when the Senate was giving out favors, and there really was no rhyme or reason to put this program in as a program under mandatory funding.

Congress has traditionally provided funds to health centers, including school-based health centers, to provide for care, not for construction. To do it the other way around would lead to situations where a center is built but no care is delivered. Both policy choices require local funds to be spent, but only the policy for paying for services, not construction, guarantees that money won't be wasted or, worse yet, never used to deliver 1 ounce of care.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Chairman, I rise again in opposition to this bill.

I do so with somewhat of a personal angle on this. My wife, Audrey, is a pediatric nurse practitioner. At one time she worked in a school-based health center. She doesn't today, presently. But I certainly, through her, have gotten a chance to be exposed to the benefit of school-based health centers.

There is no more efficient delivery system. It makes sure that kids get good, high-quality care at school, gets them back on their feet, back in class where they belong, rather than going to emergency rooms and spending hours waiting for care or being sent home many times in an unsupervised situation out of class. Again, the beauty of a school-based health clinic is that it obviously is in a setting where children are located. Again, the turn-

around in terms of making sure that they're back doing what's good for them and good for their future is just smart investment.

I would also just give a small example in my district. I represent southeastern Connecticut. We're the proud location of the Groton sub base, the oldest sub base in America, 8,000 sailors, a lot of families with kids who are located at the base. And at Fitch High School in Groton, there's a school-based health center, which is the primary caregiver for many military families' children. Again, these are kids who move around the country. Oftentimes their care is disrupted from one place to the other. Having a school-based center ensures that these kids are going to have access to health care, that they're going to have their check-ups to make sure that they can enter school, that they can enter school athletic programs. Again, in many instances for these military families, it is the primary health caregiver.

□ 1610

Two hundred twenty-seven families—I checked this morning with the center in Groton—get their care through the center. This program is going to be used to ensure that Fitch High School's footprint in terms of the school building will be expanded. It will be an investment in information technology.

The Acting CHAIR (Mr. YODER). The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 30 seconds.

Mr. COURTNEY. They will invest in information technology to, again, make sure that this terrific, efficient, cost-effective, high-quality program is, in fact, going to be there for, again, families who were serving in Libya, in the Mediterranean. Their parents were part of the USS *Providence*, the *Florida*, the *Scranton*, which were part of the initial attack in Libya.

Again, this is a program which works not only for those kids, for the community, but also for our Nation; and I would, again, respectfully rise in opposition to this measure which, again, I think really heads us in the wrong direction in terms of high-quality care for America's kids.

Mr. BURGESS. I yield myself such time as I may consume.

And nothing in the bill under consideration, H.R. 1214, would change anything about what was just relayed to us about the school-based clinics in the gentleman's district.

Can I just point out, again, that the discussion that we're having today revolves around the use of advance appropriations in the Patient Protection and Affordable Care Act, thereby making that spending mandatory.

Now, just a brief civics lesson. Medicare is mandatory spending. We have no discretion on that. We must fund Medicare to the extent of the number of dollars that are going to be drawn on the Federal Treasury. Same for Medicaid. We have other health care programs that are, in fact, discretionary.

Our veterans, who I'm sure the gentleman would argue are no less worthy, are funded under a discretionary program.

The difference between a mandatory and a discretionary program is that the authorizing committee, in this case the Committee on Energy and Commerce of which I am a member, of which the gentleman from New Jersey is a member, the authorizing committee sits down and decides whether or not the spending is useful. If it is, we authorize the expenditure. We send it over to the appropriations committee who, if they agree, writes a check for the amount of money that we have authorized and not one bit more.

But the key here is it goes through a regular order process; and one of the things, I don't know about the gentleman from New Jersey, but what I heard when I went home is the Federal spending is out of control; you've got to get a handle on Federal spending. Well, here's a point where we can get a handle on some Federal spending. It should never have been an advance appropriation in the Patient Protection and Affordable Care Act.

I don't know whether that was carelessness or Machiavellian, but it doesn't matter. It's got to be fixed. The American people want us to fix that. That was one of the reasons they voted en masse against the Patient Protection and Affordable Care Act November 2, 2010. That is one of the reasons that the gentleman is sitting in the Speaker's chair today is the public revulsion to how last Congress conducted its business.

We have a chance now to reclaim a little of our honor, a little of our integrity. Let's bring that funding back into the authorization realm in which it belonged and not simply pass it off to the administration. It's mandatory funding. It has to be done. Whether or not the administration is going to fund a doctor or nurse to work in that clinic, you've got an exam bed, you've got a thermometer, you've got a sphygmomanometer, but you don't have one ounce of care delivered to the people who actually need it. Therefore, you are not saving money. You are only spending money. The American people have asked us to be wiser stewards with their cash.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS) who is probably the most knowledgeable person in this House on this subject of school-based care.

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Chairman, I rise in very strong opposition to H.R. 1214. As a school nurse who worked in our schools for very many years, it's been 100 days now of Republican rule, and we have not seen a jobs bill yet. Unlike previous efforts that just ignore job creation all together, today's debate is on a bill that will flat out hurt our economy

and will keep people out of the workforce.

You know, there are children in each of our States who will, if this bill passes, be deprived of having access to quality health care when they need it most. School-based health centers provide comprehensive and easily accessible preventive and primary health care services for millions of our students nationwide. Services that keep students healthy, in school, and learning almost always these are children who have no other source of care.

And the need is clear: 350 centers from 46 States including many in my Republican colleagues' districts have already applied for these funds. They've taken the time and the resources to compile their applications. They are excited. They are expecting to hear in just a few weeks if their projects can move forward. To pull the rug out from under them now is simply a disgrace.

The centers have long garnered bipartisan support, worked with many of my Republican colleagues on their behalf; and, yes, the majority is now using this as a political football in their obsession to repeal the Affordable Care Act. This is a true disservice to our children and also to our communities.

No matter what my colleagues on the other side of the aisle say, today's vote isn't about types of funding or process. We don't need a civics class about it. H.R. 1214 is just another attempt by them to dismantle the Affordable Care Act.

I encourage my colleagues to stop taking health care away from children to fulfill their political promises.

Vote "no" on this misguided bill.

Mr. BURGESS. I yield myself such time as I may consume.

Mr. Chairman, here is the simple truth. What takes health care away from children is sending checks to localities for land acquisition when you've got no intention of staffing the clinic that is going to be built.

Let me just remind people what the argument is about, and I will stipulate that we are not talking about a vast sum of money here like we were in the previous bill. But every instance of advance appropriation in the Patient Protection and Affordable Care Act represents an opportunity for this Congress to reclaim some of its function as the people's House in being in control of Federal spending.

But here's what the argument is about. Section 4101(a) of the Patient Protection and Affordable Care Act under subtitle B, increasing access to clinical preventive services, paragraph 5 of 4101(a), appropriations: out of any funds in the Treasury, not otherwise appropriated, there is appropriated for each of the fiscal years 2010 through 2013 \$50 million for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended. No funds provided under a grant awarded

in this section shall be used for expenditures for personnel or to provide health services.

It could not be clearer. Now, nothing in the bill that we have under consideration today actually does anything to the provision of services because, after all, those are under an authorization. Section 4101(b), authorization of appropriations: for purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

But the operative words here—"there are authorized to be appropriated"—not that there are appropriated from the Treasury. It's okay for us to authorize that appropriation. Our committee is an authorizing committee. We are not an appropriating committee.

Mr. Chairman, I understand the difference between an authorizing committee and an appropriating committee. I take an annual field trip to the National Institutes of Health. At the National Institutes of Health you see all these beautiful buildings. They are all built, and they're named after very famous men who served in the United States Congress. Every one of those men is an appropriator. There is no building named after an authorizer.

Still, the work we do is important—I submit it is vital—to the American people that we do our work to evaluate whether or not the expenditures are indeed in the best interest of the American people; and, further, if we're really doing our job, we'll come back and do oversight over those authorizations to make sure those funds are expended in the manner in which they were intended. That's the way you guarantee that that care gets to the child that will ultimately save money to keep the child out of the emergency room, not just by sending checks to localities to purchase land.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, can I inquire of the time on both sides?

The Acting CHAIR. The gentleman from New Jersey has 20 minutes remaining. The gentleman from Texas has 18½ minutes remaining.

Mr. PALLONE. I yield 2 minutes to our distinguished ranking member emeritus, the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. I thank my friend.

I rise today in vigorous opposition to H.R. 1214. This bill is not only going to cut access to health care for American children, but it's going to kill jobs in the construction industry and construction projects around the country. More than 1,900 school-based health centers across the country provide access for health care services to over 2 million people right now. For the first time, the Affordable Care Act authorized these centers and also offered a dedicated source of funding for construction, renovation, and equipment.

□ 1620

Three hundred fifty applicants, many of whom are currently running centers

at this time, in 46 States and the District of Columbia have applied for the first round of competitive grants, including the Young Adults Health Center located in my 15th District of Michigan. These grants will be used to enhance the capabilities of these centers and will jump-start shovel-ready projects that will create immediate construction jobs and allow for the purchase of necessary supplies and equipment, boosting local businesses, but providing health care for our kids. Until more operating funds are available—and I would hope my colleagues on the other side will support such funding—we need to ensure that at least the facilities that are ready to apply for this kind of grant will be able to do so in order to better serve our children and the communities.

I think that this would be an extremely unwise bill. It's a part of an announced plan by my Republican colleagues to first of all attack the whole of the health care reform bill over the last Congress and then to attack it piece by piece. What they seek to do here today is just a part of another step towards the gutting of the health care bill which will make things better for our people and which is paid for, which is not going to add to the deficit but which, in fact, is going to save better than \$140 billion this 10 years and in the next 10 years \$1.4 trillion.

This is penny wise and pound foolish. Reject the bill.

Mr. BURGESS. Mr. Chairman, let me respond to something that was just said by the chairman emeritus of the Democratic side of the Committee on Energy and Commerce. Of course I have all respect for the chairman emeritus and certainly treasure every day that I served under his direction as chairman in two Congresses.

But the statement that I cannot let stand is that the Patient Protection and Affordable Care Act saves anyone in any universe, in any dimension, any money at all. This was refuted by the chief actuary for the Centers for Medicare & Medicaid Services less than a month after the President signed the Patient Protection and Affordable Care Act. I do not know why we have to continue to hear this fairy tale about \$142 billion being saved under PPACA.

At this point, I would like to yield 2 minutes to the gentleman from Louisiana, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman.

I appreciate Dr. BURGESS allowing me to speak on this specific bill, but let's just talk about the elephant that's in the room here this afternoon, and that is the so-called Affordability Act, the so-called Patients Affordability Act, PPACA. We call it ObamaCare affectionately.

Folks, we've got a bill here which is now law that is, at best, questionably constitutional. We have a bill that is going to add another trillion dollars, ultimately, to our deficit. It's full of smoke and mirrors. We have got \$500

billion that's going to be taken out of Medicare and then put on both Medicare extension and then on subsidy of the private health plans. Even if we ever saved that \$500 billion, this whole law has questionable financing. And then today we're talking about construction money that may or may not exist.

So, Mr. Chair, I just have to say, as a physician with 30 years of practice, I was here during the health care debate of 2009 where this body has come up with and the President has signed into law something that is really a disgrace. The American people are not behind it. PPACA is, in some surveys, opposed by the American public two to one. It is a complete government takeover of our health care system.

Just the other day, I got questioned from my constituents, physicians, who asked me: What about this IPAB? What is that? What is this board? And I had to explain to them that now when you are not sure how much you are going to be reimbursed for the health care that you provide, you can at least go to Congress and petition Congress.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. FLEMING. But under ObamaCare, we now have IPAB, which is a special board of unelected, unaccountable, unnamed bureaucrats that serve at the pleasure of the President who will then decide these things, creating a nonmarket responsive health care body out there that will then—we'll see much worse shortages than what we have today.

I stand in support of Congressman BURGESS and his bill and certainly, ultimately, the repeal of ObamaCare.

Mr. PALLONE. I yield 2 minutes to the gentleman from California (Mr. WAXMAN), the distinguished ranking member of the full committee.

Mr. WAXMAN. Thank you very much for yielding to me.

I rise in strong opposition to H.R. 1214, and I urge my colleagues to join me in voting against this very shortsighted and misguided piece of legislation. This bill, of course, is part of a broader Republican strategy to tear down the new health reform law piece by piece. I will also note that they want to tear down the existing health care laws of Medicare and Medicaid in their budget.

Well, I think that's all very disturbing. But what's especially troublesome is that our colleagues on the other side of the aisle are now going after programs where we all agree, Democrats and Republicans agree, that actually work, that actually do a good job and make a difference.

Numerous studies have shown that school-based health centers are enormously successful in helping to improve students' access to care, promote healthy behaviors among children and adolescents, improve students' academic performance, decrease school ab-

senteeism, and reduce health care expenditures. With a report card like that, why wouldn't we want to build or renovate more of these centers?

We should not end the school-based center construction and renovation program before it even has a chance to make its mark. I urge a "no" vote on H.R. 1214.

Mr. BURGESS. Mr. Chairman, I would just point out to the gentleman how shortsighted and misguided that is, that this language was put in by the Senate when they were giving out favors. Sending checks to localities without guaranteeing the actual coverage, without guaranteeing the actual doctor or nurse be there, does not do anything as far as furthering care.

I would now yield 2 minutes to the gentlelady from North Carolina (Ms. FOXX).

Ms. FOXX. I thank my colleague from Texas for yielding time.

Mr. Chair, the American people know that we are borrowing 43 cents for every dollar we spend these days. We do not need to be giving grants of dollars that we have collected from hard-working taxpayers to local entities to build or renovate school-based health centers. This is not a core function of the Federal Government. It is not a core function of our taxpayers. We do not need to be spending this money like the minority wanted to spend it when they were in the majority.

It is also very duplicative, Mr. Chair. Between the stimulus bill and what we affectionately call ObamaCare, \$3 billion in funds have been made available to Health Resources and Services Administration at the Department of HHS for facility improvements at community health centers. Providing an additional \$50 million a year for construction is duplicative and unwarranted.

This bill deserves the support of every Member here. We are soon going to have to have a vote to raise our debt limit. People say over and over again on both sides of the aisle, We have to cut spending. We have to cut spending. What better place to start than in these funds that are going out for a function that is not appropriate for the Federal Government to be involved in so that we don't have to continue to borrow 43 cents for every dollar that we spend. So I think we should cut out duplicative programs.

This bill definitely needs to pass, and I give it my full support.

□ 1630

Mr. PALLONE. I yield 2 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Chairman, here we go again, this time attacking a provision in the Affordable Care Act that would help to reach children and especially teens who otherwise might not have access to important health care services.

And so, Mr. Chairman, today I join my Democratic colleagues to speak on

behalf of our children and against H.R. 1214. Our future depends on the development of healthy, well-educated children. Unfortunately, often our children miss school, or sit in class too distracted to pay attention because of preventable and treatable health conditions that, if caught early and treated as these school-based health centers would do, would enable them to better learn and to reach higher levels of achievement.

I've heard a lot of talk about protecting our children from future debt, something all of us are working to prevent. But if we really care about our children, why are we now considering this legislation that will harm them, not in the future, but today?

Eliminating funding for school-based health centers would not just prevent a building from being built, but would eliminate the creation of the only medical home that many underserved students know and which creates access to needed mental, physical and dental care, centers that provide services that many students cannot or would not access anywhere else. And these services provide a support to the teachers so that they can focus on teaching these students.

Taking away this funding for school-based health centers, as H.R. 1214 would do, would be a step in the wrong direction, not just for the health and well-being of our children, but for our country's ability to win the future.

Before I close, I want to just say that we did not pass any bill that is unaffectionately known as ObamaCare. The Affordable Care Act is about your, the American people's, care; and this provision is about our children's care.

I urge my colleagues to vote for our children and vote "no" on H.R. 1214.

Mr. BURGESS. Mr. Chairman, I yield 3 minutes to the chairman emeritus of the full Committee of Energy and Commerce, the gentleman from Texas (Mr. BARTON).

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Chairman, I want to read the section of the law that we're trying to repeal today. It says, subparagraph 5: Appropriations. Out of any funds in the Treasury not otherwise appropriated, there is to be appropriated for each fiscal year 2010 through 2013, \$50 million for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended.

And then in this subsection: Definitions. "School-based health center" and "sponsoring facility" have the meanings given those terms under such and such and such and such.

We're trying to repeal \$50 million a year for 4 fiscal years, 2010, '11, '12 and '13, for these school-based health clinics. I support school-based health clinics. Dr. BURGESS supports school-based health clinics. We both represent parts of Tarrant County. The public hospital

in Tarrant County, Texas, is John Peter Smith. There are a number—I don't know the exact number, but I believe in the neighborhood of a dozen school-based health clinics in his district, in my district, Congresswoman GRANGER's district, Congressman MARCHANT's district. We support those health clinics. But we believe that the State and county should provide the facility, and the Federal Government should provide the funds to staff it. We don't believe, when we have a \$1.5 trillion budget deficit each year, that we need to be spending another \$50 million or \$200 million over 4 years to actually provide the facility, to provide construction. So it's not an opposition to the health clinic itself, school-based. I've gone to openings; I support them. I think they do excellent work.

But until we get our budget balanced, Mr. Chairman, I think it's prudent to not require the Federal Government to not only fund the operation and the staffing, but also fund the construction and the facility itself. So this is a case where we're specifically repealing a specific appropriation, in this case \$50 million a year for the years 2010 through 2013, the fiscal years. And I think that is something that, with a \$1.5 trillion budget deficit, is a prudent thing to do.

So I rise in strong support of the bill and, at the appropriate time, would urge a "yes" vote.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN. Mr. Chairman, as my friends from Texas well know, the potential recipients of this money have already shown that they have the operations and maintenance money available, but they can't establish a school-based health clinic without this funding.

The other thing that I'm sure they are well aware of, is that the need is many times more than the money that is being made available.

25 years ago, when I set up a school-based health clinic across the river in Alexandria, Virginia, people said that it's not needed and we can't afford it. But we now have 25 years' experience throughout the country, and we've found just the opposite. It's absolutely needed, and we can't afford not to have school-based health clinics.

Adolescents have to have accessible, affordable health care. Otherwise, they don't go to hospitals or doctors until it's too late. In fact, we have more than 1,000 students who use our Alexandria school-based clinic. And we're told by the nurses, 80 to 90 percent of them would have to be going to the emergency room if that clinic were not available, at far greater cost.

This saves money, but it also saves lives. Like the young woman who convinced her friend whose leg kept bothering her to have the leg checked, since the clinic was so close. Turned out she had bone cancer. It would have gotten through her whole body. She wouldn't

have gone to a doctor. She would have put it aside. That's what adolescents do. That's what we did when we were adolescents.

They go in for the flu. While they're in for the flu, they get checked for sexually transmitted infections. They oftentimes get their physicals. There are hundreds of students, well, actually around the country there are hundreds of thousands who don't have the opportunity to play athletics because they have to have a physical fitness exam, and it's 75 bucks normally to go to a doctor to have a physical exam. They don't get it. But they can afford to go to a school-based health clinic where they get the exam free and then they can fully participate.

A lot of children tell the doctors and nurses in these school clinics things that they couldn't tell their parents. We're saving lives with this. We're saving money. We're preventing diseases from spreading. We're doing the right thing by the American people, particularly adolescents. They need accessible and affordable health care. This provides it. Let's defeat this amendment.

Mr. BURGESS. Mr. Chairman, I yield 1 minute to the gentleman from Georgia (Mr. GRAVES).

Mr. GRAVES of Georgia. Mr. Chairman, I guess I'd start off by saying only in Washington can spending money lead to saving money. That's what we just heard. But that's not the case.

I think about what the impact that ObamaCare is having on the State of Georgia. This year alone hundreds of millions of dollars it's cost the taxpayers of Georgia, projected to be over \$1 billion here in subsequent years.

While I support full repeal of the program, I've already demonstrated that through my votes, this is specifically getting rid of a slush fund that's in place eliminating funding for the construction of facilities in local communities.

I'm sure this is a laudable program in many areas, and there's probably a lot of laudable programs that folks want to fund. But the fact is we just can't do it. We don't have the resources to do it anymore.

Number one, we need to find out what is the true role and function of this Federal Government. I do not believe this is it. We should allow the States and empower the States who are best equipped to handle the needs of the local community.

So I certainly support this measure and urge my colleagues to vote "yes" on H.R. 1214, and let's move on to repealing the full measure of ObamaCare.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend for yielding to me.

You know, give me a break. I hear speaker after speaker on the Republican side saying we don't have the resources to do these things. It seems that we always have the resources to

give tax breaks for the rich. We don't worry so much about the budget deficit when it comes to protecting our rich friends.

The Republicans, 2 weeks ago, spent time passing bills putting Medicare and Medicaid in jeopardy, and now they would deny these community health centers.

□ 1640

The majority doesn't bring bills to help create jobs in this country. So, once again, here we are—God knows how many times—with a bill that's trying to kill the Affordable Health Care Act. Again, it's political theater. It's not going to pass the Senate. The President would veto it. Let's put our heads together and do something constructive instead of saying “no” to health care.

The value of school-based health centers is well-known. There are 1,900 in the country. They provide access to high-quality, comprehensive medical care to nearly 2 million children and adolescents. Services are provided regardless of a student's ability to pay, and are provided right where they are at school. In my district, these are very important. Even the high school from which I graduated has a wonderful center. It's the kind of program that we should be promoting and replicating; but instead, we are considering a bill that would repeal the funding for the construction of these centers.

The agency monitoring it is concerned about the sustainability of the health center. The Health Resources and Services Administration, or HRSA, is thinking of the sustained success of these programs, and it will only support those school-based health centers that are going to have long-term success.

So, Mr. Chairman, let's be honest. Today's debate is not on the sustainability of these centers or on mandatory spending. Today's theatrics are simply one more attempt by the Republicans to undermine the Affordable Health Care Act. We are wasting time in doing this again and again, and we should stop. The Affordable Health Care Act makes health care affordable for the middle class, and it helps prevent the steady rise in health costs that has led to much of our budgetary woes over the years.

I am for quality health care. We should vote “no” on H.R. 1214.

Mr. BURGESS. I would agree that it is going to be an uphill battle in the Senate, but I believe we can be successful. I would just point out to the gentleman that the President has not issued a veto threat against this legislation.

At this point, I yield 2 minutes to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I thank the gentleman, and wanted to speak in support of H.R. 1214 for three reasons.

Number one, we have got to remember that we are now in our third year of

a \$1.6 trillion deficit. That's right. The Obama administration has now put us in our third year of a deficit of \$1.6 trillion. For every dollar we spend, 40 cents is borrowed.

At what point will that mean anything to our Democrat colleagues? I don't understand it. At what point will it mean anything to the administration? Do you really believe you can defy gravity over and over again and expect that it's not going to come back to haunt you? I don't understand it. I'm baffled by this.

So, number one, we've got to impact the deficit as we've got to consider future generations.

Number two is duplication. The stimulus bill and ObamaCare had \$3 billion that went to the Health Resources and Services Administration at the Department of Health and Human Services for improvements in community health centers that many of the school-based health care clinics are eligible for. This is strictly a duplication of \$50 million on top of \$3 billion.

Number three, as an appropriator, I believe we have to be very careful about advanced appropriations. This goes to the year 2014. If it is so good, as we have heard—and certainly there is a level at which you can argue the effectiveness of this—why not let them get in line as soldiers have to? as educators have to? as hospitals have to? as researchers have to? As everybody else who gets Federal Government money, let them get in line each and every year, and let them justify their budgets. Then Congress, in weighing it out, will say, Okay. Let's fund it again this year.

But what the Democrats are asking us to do is to obligate future Congresses on money to the year 2014 and to put it on automatic pilot. That's not fair. That's not right. In these budgetary times—again, when we are borrowing 40 cents for every dollar we spend—we do not need to be advance appropriating anything or any entity.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. KINGSTON. The point is, if it's a good program, then certainly they can justify their budgets each and every year just like the soldiers have to and just like everybody else has to. For those three reasons, I strongly support H.R. 1214.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

I have listened to my colleague from Georgia (Mr. KINGSTON), and I can't believe he is blaming the deficit on President Obama. We had 8 years and two wars under Bush, all of the giveaways to millionaires and the special interests, and now, all of a sudden, it's Obama who is responsible for the deficit. We are talking about \$50 million a year for probably some of the best schools you could ever imagine with these school-based clinics, and the gentleman is talking about the deficit.

I yield 2 minutes to the gentleman from California (Mr. MILLER).

Mr. GEORGE MILLER of California. Mr. Chairman, I rise in opposition to H.R. 1214 and its impact on our Nation's schoolchildren.

School-based health centers have enjoyed wide bipartisan support because they ensure students are healthy. Healthy students are ready to learn, and in these centers, children can get health services when they need them. Children can't learn when they're chronically sick, when they have a toothache, when they suffer from other dental diseases or when they suffer from chronic health problems. For too many children, a school-based health center may be the only opportunity to receive needed care. This is particularly the case with oral health. Tooth decay is the most common disease among schoolchildren, and 80 percent of the time this disease occurs in children who have problems accessing care. That's why school-based health programs are so important, and that's why the American Dental Association is a strong supporter of this program.

States also believe that these centers are critically needed. Indiana's Republican Superintendent of Public Instruction recently testified before the Education and the Workforce Committee that districts are prioritizing school-based health centers because “they have made a difference in the lives of those children.” Schools in Indiana are not alone in realizing the need and value of school-based health centers.

In my district, West Contra Costa Unified has two operational school-based health centers and four in development. The legislation before us today could essentially halt the development of these health centers by repealing the critical construction and renovation funding made available by the Affordable Health Care Act. This funding is critically important to these schools so that they can provide these centers. The Federal Government shouldn't randomly yank the support for school-based health centers. It should be letting the school districts make the decisions based upon their identified needs.

This bill is nothing more than a continuation of the attack against the beneficiaries of the Affordable Health Care Act. Whether the beneficiaries are senior citizens or whether they're young children, we ought not to support this legislation.

Mr. BURGESS. Mr. Chairman, may I inquire as to the amount of time that is left?

The Acting CHAIR. The gentleman from Texas has 6½ minutes remaining. The gentleman from New Jersey has 8 minutes remaining.

Mr. BURGESS. I yield 30 seconds to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I thank the gentleman for yielding.

I want to respond to my friend from New Jersey. This is very important. If we added up the Bush deficits in those

years, certainly the Bush administration overspent. There is absolutely no question about it that the Republican Party overspent. Yet not to be outdone, in 1 year, the Obama administration ran up the deficit numbers higher than the Bush folks did in 8 years. It's outrageous. The year that the Democrats won the majority, the Bush deficit was \$160 billion. I agree that it was way too high. But what did they do? \$1.6 trillion. That's a lot of money, and that's all the more reason that we need to eliminate duplicative spending, which is what this is.

Support H.R. 1214.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Chairman, this bill will not create one job or help one American family cope with high gas or grocery prices, but I'll tell you what it will do. It will make it more difficult for over 1 million children to see a doctor or a nurse.

In December, Central Elementary School in San Diego opened a school-based clinic to give access to 860 children; 25 percent of those children are uninsured. Now Central students will get care when they need it, and they won't have to miss school for an appointment.

"This clinic is a dream come true," said Central's principal, Cindy Marten.

Any principal knows that unaddressed health or mental health problems are enormous obstacles to student learning and student attendance. Many children have ongoing health problems, such as diabetes, causing chronic absenteeism, and they are health problems that you can treat right at a school clinic; and every child will need care for colds, the flu, strep throat, ear infections, and other illnesses that can spread through an entire classroom. My colleagues clearly didn't consult too many school principals while writing this misguided bill.

Please vote against taking health clinics away from kids.

□ 1650

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

The Federal deficit is now the biggest concern of business economists and, indeed, the American people at large. Job creators are sitting on the sidelines while Washington continues to spend more money than it doesn't have.

Despite the sobering facts, my colleagues on the other side of the dais in the Energy and Commerce Committee have not proposed a single cut, not one single spending cut under our committee's jurisdiction.

Now, sure I can be criticized today for only trying to save, what, \$200 million? I don't know about New Jersey, but in my district back in Texas, \$200 million is still real money.

When challenged at last week's subcommittee markup, all Mr. WAXMAN could come up with were tax increases

and cuts to the farm program. We can and should do more to get our spending under control. Our committee, the Committee on Energy and Commerce, has an obligation to be front and center in that fight.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

From the very beginning today, Dr. BURGESS, I have said, and many of us have said, the Affordable Care Act saves money and that school-based centers save money. The CBO estimates over \$1 trillion in savings from the Affordable Care Act; \$30.40 less than Medicaid costs for a kid that goes to a school-based clinic. By repealing this funding for school-based clinics, you are going to cost the Federal Government more money.

So don't talk to us about the deficit. We save money with our legislation, and you are spending more money by proposing this bill.

I yield 2 minutes now to my colleague from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. I thank my friend for yielding.

There are nearly 15 million unemployed people in America, and I think most of them and those who are employed would tell us that what they want the Congress to be doing is finding ways to work together so that businesses and entrepreneurs can create jobs for the American people.

Here we are again arguing about the health care bill or another piece of it. And this legislation has behind it the novel idea that if children get immunizations and well visits and get to see a nurse or a doctor when they are not feeling well, that somehow is not a wise use of the public's money.

Now, let's put aside for the moment the idea of whether it is right or wrong to deny health care coverage for children in school—I think it is very wrong—and let's look at the balance sheet. Which is more expensive: a child who is hospitalized with pneumonia or 25 or 30 children who get a checkup? Which is more expensive: the outbreak of a flu that affects the entire school or the entire town or the early diagnosis and treatment with antibiotics of a kid with the flu?

Common sense says that primary care for children saves money for everyone. Common sense says that children without insurance can most easily be reached in the school where, hopefully, they already are. Voluntary participation by children in a school with their parents' consent makes perfect sense.

This legislation makes no sense to consider it now; it makes even less sense to pass it. I would urge a "no" vote on this legislation and urge the House to get back to the business of working together to help entrepreneurs create jobs for the American people.

Mr. BURGESS. I yield myself 30 seconds.

Again, let me remind people what we are talking about today. We are talking about taking away advance appropriations in the Patient Protection and Affordable Care Act for construction purposes—not for running the darned clinic but for construction purposes.

An eligible entity shall use funds provided under a grant ordered under this subsection only for expenditures for facilities. No funds provided under a grant ordered in this section shall be used for expenditures for personnel or to provide for health services.

I yield 1 minute to the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Mr. Chairman, I rise today in support of H.R. 1214.

This is just another section of the ObamaCare bill, which, of course, I proposed and promoted the repeal of the entire bill.

This is another slush fund of mandatory spending in the bill, \$200 million, with no congressional oversight over the next 4 years; where the Secretary of Health and Human Services can grant construction and renovation for school-based health centers, again, at their own discretion.

Again, as was just stated, none of this money can go to actually providing health care.

It is deceptive to say that this section of the ObamaCare bill is to promote health for our students and others at schools. This is another indication of uncontrolled Federal Government spending with no congressional oversight, and I speak today on behalf of the bill to rescind that.

The Acting CHAIR. The gentleman from New Jersey has 4 minutes remaining. The gentleman from Texas has 3½ minutes remaining.

Mr. PALLONE. Mr. Chairman, I have no further requests for time, and I reserve the balance of my time.

Mr. BURGESS. I yield myself 30 seconds.

Mr. Chairman, we just heard a moment ago from the gentleman from New Jersey perpetuation of the fantasy that the Patient Protection and Affordable Care Act is going to save anyone in this universe or a parallel universe or a parallel dimension any money.

Make no mistake: This law costs vast sums of money. When the subsidies and the exchanges hit, the tap on the Federal Treasury is going to be unlike anything this country has ever seen.

Congressional Budget Office talk about saving money was pure fantasy. The chief actuary for the Centers for Medicare & Medicaid Services exposed that fantasy for what it was less than 1 month after Congress voted on this bill. We voted on this law without actually having correct information because I believe the Secretary withheld the information from us.

I reserve the balance of my time.

Mr. PALLONE. I will yield myself 2 of the 4 minutes and go back and forth with Dr. BURGESS here.

The fact of the matter is that the Congress uses the CBO as the official statement, if you will, of our budget and the cost of legislation. That is what we have all agreed on a bipartisan basis we are going to use. I don't always agree with CBO. You have heard me many times say that they don't score prevention enough. The fact of the matter is that is what we are going to use. We have all agreed. And the CBO says that the Affordable Care Act saves over \$1 trillion over the life of the bill.

Everyone knows, and I know that Dr. BURGESS, even himself, believes in preventative care. That is what these school-based health clinics are all about. They work. They get kids into the clinic or the center, they get primary care. They prevent having to go to an emergency room, to a hospital, or any other kind of institutionalization.

This is what we are trying to do with the Affordable Care Act. We are trying to save money by guaranteeing people get to see a doctor when they need one so they don't get sick. It is all about wellness. That is what it is about. And wellness saves money. The Federal Government doesn't have to spend the money when the person goes to the emergency room and doesn't have any insurance coverage. It is that simple.

I have had this argument many times with Dr. BURGESS. I think that, for the most part, he agrees with me, and he has even said today that he thinks the school-based centers are a good thing.

So I really don't understand the basis of this legislation that is being proposed this evening, and I certainly would urge my colleagues to vote against it.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, how much time is left?

The Acting CHAIR. The gentleman from New Jersey has 2½ minutes. The gentleman from Texas has 3 minutes.

Mr. PALLONE. I yield myself the remainder of my time.

Mr. Chairman, I have said over and over again, I don't understand what the Republicans are up to today. They keep saying that they want to repeal the Affordable Care Act, the health care reform. They keep bringing bills to the floor on a regular basis that would either in a piecemeal or in a large fashion repeal the Affordable Care Act. But the arguments make less and less sense every day as they start to take the pieces of the legislation that they even agree with themselves.

Today, we have been here for many hours. My colleague from Texas and others said that they support school-based clinics. They even went so far to say they wouldn't even have a problem with the Federal Government paying for it.

□ 1700

Support the Federal dollar. Support the concept. Agree that it is a preventative measure.

Then they went on to say that maybe we shouldn't pay for construction; we should only pay for operations. Well, the fact of the matter is that when you submit an application for construction or renovation of the clinic, under this law you have to show that you have the money to operate, and it is pretty clear that if you don't have the building, you are not going to be able to operate.

So, again, I don't understand what they are trying to accomplish here. We all know that these centers make sense. They bring kids who would otherwise not see a doctor to have that opportunity.

I thought my colleague from Virginia (Mr. MORAN) really brought home the point when he said that a lot of kids don't even participate in athletics unless they have a school-based clinic because they have to be certified that they are healthy in order to participate in athletics in the school. Well, doesn't that make sense, because then they don't sit around and become obese. They actually exercise. They participate in team sports. They get to the whole collegiality of being involved in a team sport and the exercise and the health benefits of that.

This is a win-win situation. I wish you had picked something else today to bring to this floor to repeal, because this is the worst thing you could have brought to the floor. No one, including yourself, argues that these school-based centers are not valuable, so stop trying to cut them. Stop trying to come up with some fantasy about how you are going to fund some part of it and not fund the other part of it. It is a good thing. It is probably one of the best things we have in this legislation, the Affordable Care Act. I think it is not rational and makes no common sense to pick this out as something to spend two or three hours on to say that this is something we shouldn't do. We should do it. Oppose this legislation.

Mr. BURGESS. I yield myself the balance of my time.

Mr. Chairman, I'll tell you what's not rational. It's not rational to spend this money and say you're prohibited from providing care. Let's be honest. The money for construction is duplicative. It was offered up in the stimulus bill previously. So we're duplicating a previous Federal expenditure in forward funding, advance funding the Patient Protection and Affordable Care Act. That's what doesn't make sense.

A previous speaker on the Democratic side called me mindless. That is mindless. It was mindless to pass this bill over the objections of the American people, to never listen to the voices of the people that were literally ringed around this Capitol a year ago who said kill this bill. Well, now we have a chance to bring back a little bit of that spending, to bring it back into the arena in which it belongs, which is the United States House of Representatives, the people's House.

The mandatory spending was not in the bill that passed this House in No-

vember of 2009. This language was put in by the United States Senate. And why was it put in by the United States Senate? Because they were playing "Let's Make a Deal." They had to get to 60 votes. They didn't know how to get there. They got there by buying votes, and this small provision, someone must have sold out pretty cheaply, this small provision was one of the provisions that allowed them to do that.

Again, I would remind my colleagues that you cannot use the money that is provided in 4101(a), you cannot use that money to have a doctor or a nurse in the clinic. In fact, you are expressly prohibited from that. I suspect that is why the President has not issued a veto threat on this particular piece of legislation, because he himself included no money on the discretionary side that is actually going to provide the services of a doctor or a nurse.

Look, we've got one small chance to reclaim some small part of our sanity in the United States House of Representatives, in the people's House. The forward funding, the advance funding, the direct appropriations that were contained within the Patient Protection and Affordable Care Act were an anathema to everything that people in this country understand about what is the role of their Federal Government. After all, they willingly give up a little bit of their rights in order to have their lives run more orderly. But they don't ask us to run roughshod over Federal spending and then claim a greater and greater share of their lives.

Yes, it is unfortunate that we have had to spend all day here debating this bill. I don't dispute that fact. We should never have been here in the first place. The advance funding should never have been included in the Patient Protection and Affordable Care Act. And why was it? Because the Democrats knew last year they never intended to do a single appropriations bill, so the only way to get this dog up and running after its passage last year was to push the appropriations out the door in the language of the bill. That's what we've got to correct right now. That's what these arguments are all about.

Yes, it's going to be tough sledding in the Senate. Yes, we don't have an ally down at the White House. But the American people expect us to do this work and they want to see us do that work. I urge an "aye" vote on the underlying bill.

Mr. STARK. Mr. Chair, I rise in strong opposition to H.R. 1214, yet another time-wasting attempt to defund part of health care reform. This bill would deny funding enacted as part of health reform for the construction of school-based health centers. It would effectively deny our most vulnerable kids their best option for getting critical health, mental health, and dental services. While claiming to save money, its effect would be the opposite. Eliminating preventive services and options for primary care only means that when kids do get sick, they will need Medicaid benefits to pay for far more expensive services that could have been

avoided through early intervention at a school-based health clinic.

School-based health centers (SBHCs) are considered one of the most effective strategies for delivering high quality, comprehensive, and culturally-competent primary and preventive health care to adolescents—a population that can be difficult to reach. They remove the barriers that most commonly keep young people away from health services. They are located where students spend most of their waking hours—at school—making them much more accessible than doctor's offices or a clinic. They provide services regardless of a child's ability to pay, eliminating discrimination caused by wealth or the lack thereof. SBHCs reduce absenteeism, tardiness, dropouts, and discipline referrals by helping youth remain in school and engaged in learning.

SBHCs are also vital mental health providers for children and adolescents. Today, May 3rd, is National Children's Mental Health Awareness Day. I cannot think of a more destructive way to mark this day than by passing a bill that eliminates access to mental health services that children desperately need. Bullying, violence, depression and stress are rampant in our school classrooms and playgrounds. SBHC staff are on the scene with the time and resources to address these challenges. More importantly, evidence shows that young people are willing to go to a SBHC for counseling, while the stigma of mental health issues is often enough to keep them from seeking help from other providers. Research shows that students who report depression and past suicide attempts demonstrate greater willingness to seek counseling in a SBHC. Students with perceived weight problems report more willingness to use a school clinic for nutrition information. Sexually active students are more willing to seek information on pregnancy prevention and to have general disease screenings at a SBHC.

More than 350 applications to build school-based health centers have already been received by the Department of Health and Human Services, from 46 states and the District of Columbia, in response to this new funding opportunity enacted as part of health reform. All of these projects are ready to go—which means immediate jobs for construction workers and others involved in building the centers. Defunding this provision is another example of the Republican disconnect from the real issues people care about—creating jobs and protecting children.

Healthy students are better students. Why the Republicans want to eliminate a program that helps kids stay in school and provides opportunities for future success—and creates jobs in the present—is simply beyond my imagination. I urge my colleagues to vote against this bill and give our young people the chance they deserve to succeed.

Mr. LEVIN. Mr. Chair, I rise in strong opposition to this legislation.

This bill is a retreat from a core value: to care for our children. Instead of cutting construction for these school-based health centers, we should be building more clinics to help those in need.

These centers work. They keep our children healthy. I see it at the two school-based clinics in my district in the Hazel Park and the Fitzgerald Public School systems.

For instance, Melissa, the nurse practitioner at the Fitzgerald Clinic, helps those who can't

get care in any other place because their families can't afford insurance or can't afford doctor's fees.

Just this past Friday, she saw a 16-year-old boy who didn't have any insurance because his parents' employer doesn't offer a plan, they can't afford private premiums but earn too much for CHIP or Medicaid. He was desperately ill, with a high fever and nausea. Melissa was able to diagnose and treat his strep throat on the spot. He asked her, "How much do I owe you?" Melissa responded "Nothing." The young man burst into tears because he had been so worried that his family wouldn't be able to pay her.

Another boy couldn't afford to go to an emergency room, but Melissa was able to treat a foot infection that could have resulted in an amputation.

I could give you example after example because the team at the Fitzgerald school does it all. She makes sure that students have the vaccinations they need to stay healthy—300 visits this year—and provides the physicals 200 children will need to play sports. They provide counseling for teens coping with their parents' unemployment and groups for those dealing with alcoholism and family violence.

The bottom line is that these clinics work and we need more of them.

I urge Members to vote no on these irresponsible cuts.

Mr. VAN HOLLEN. Mr. Chair, I rise in opposition to this legislation that would eliminate funding for school-based health centers.

School-based health centers provide much-needed health care services to vulnerable children and adolescents, including primary care, mental health, dental, vision, and nutrition services. They not only help improve children's health, but also help improve the academic performance of students. School-based health centers are a win-win for the student, but also for parents and the community.

By repealing funding for school-based health centers, we will be taking away a health care option—and perhaps the only health care option—for low income children and their families. Without these centers, we will not be building a foundation to promote and advance preventive and wellness-based care that will help save health care costs over time.

Mr. Chair, I urge my colleagues to oppose this misguided bill.

Mr. GENE GREEN of Texas. Mr. Chair, I rise in opposition to H.R. 1214, which repeals a provision in the Affordable Care Act that provides funding for the construction of school health centers. It also rescinds any unobligated funds that have already been appropriated to this program.

The Majority has said their top priority is job creation and getting our economy back on track. This legislation is yet another example of the Republicans' misplaced priorities.

If the Republicans cared about job creation, they would support school based health centers.

School-based health centers started in the 1970s with the first centers opening in Dallas, Texas, and St. Paul, Minnesota. Today, there are approximately 1,700 centers across the country located in 45 states plus the District of Columbia.

In Texas, there are approximately 85 school-based health centers. Most of these centers are located in a permanent facility on a school campus. The centers provide primary care, mental health care, and dental care.

The reason these school-based health centers are so important to working families is because they support families. They allow parents to stay at work while attending to their child's routine health care needs and they save money for our economy as a whole by keeping children out of hospitals and emergency rooms.

Once again, the Republicans are claiming they support helping our working families and yet again we are cutting another service that helps keep parents at work and children healthy.

I strongly oppose this legislation.

Mr. BURGESS. I yield back the balance of my time.

The Acting CHAIR. All time for general debate has expired.

Mr. BURGESS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. CHAFFETZ) having assumed the chair, Mr. YODER, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, had come to no resolution thereon.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on H.R. 1214 and to insert extraneous material into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1213.

□ 1706

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, with Mr. YODER (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, amendment No. 5 printed in House Report 112-70 offered by the gentleman from Vermont (Mr. WELCH) had been disposed of.

Pursuant to clause 6 of rule XVIII, proceedings will now resume on those

amendments printed in House Report 112-70 on which further proceedings were postponed, in the following order: Amendment No. 1 by Ms. JACKSON LEE of Texas.

Amendment No. 2 by Ms. WATERS of California.

Amendment No. 3 by Mr. ELLISON of Minnesota.

The Chair will reduce to 5 minutes the time for any electronic vote after the first vote in this series.

AMENDMENT NO. 1 OFFERED BY MS. JACKSON LEE OF TEXAS

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from Texas (Ms. JACKSON LEE) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 177, noes 239, not voting 16, as follows:

[Roll No. 281]

AYES—177

Ackerman	Farr	McDermott
Andrews	Fattah	McGovern
Baca	Filner	McNerney
Bachmann	Frank (MA)	Michaud
Baldwin	Fudge	Miller (NC)
Barrow	Garamendi	Miller, George
Bass (CA)	Gibson	Moore
Becerra	Gonzalez	Moran
Berkley	Green, Al	Murphy (CT)
Berman	Green, Gene	Nadler
Bishop (GA)	Grijalva	Napolitano
Bishop (NY)	Gutierrez	Neal
Blumenauer	Hanabusa	Olver
Boswell	Hanna	Pallone
Brady (PA)	Harris	Pastor (AZ)
Braley (IA)	Hastings (FL)	Payne
Brown (FL)	Heinrich	Pelosi
Butterfield	Higgins	Perlmutter
Capps	Himes	Peters
Capuano	Hinches	Pingree (ME)
Carnahan	Hinojosa	Polis
Carney	Hirono	Price (NC)
Carson (IN)	Holt	Quigley
Castor (FL)	Honda	Rahall
Chu	Hoyer	Rangel
Ciциlline	Inslee	Reyes
Clarke (MI)	Israel	Richardson
Clarke (NY)	Jackson (IL)	Richmond
Clay	Jackson Lee	Rothman (NJ)
Cleaver	(TX)	Roybal-Allard
Clyburn	Johnson, E. B.	Ruppersberger
Cohen	Kaptur	Ryan (OH)
Connolly (VA)	Keating	Sánchez, Linda
Costello	Kildee	T.
Courtney	Kind	Sanchez, Loretta
Critz	Kissell	Sarbanes
Crowley	Kucinich	Schakowsky
Cuellar	Langevin	Schiff
Cummings	Larsen (WA)	Schrader
Davis (CA)	Lee (CA)	Schwartz
Davis (IL)	Levin	Scott (VA)
DeFazio	Lewis (GA)	Scott, David
DeGette	Lipinski	Serrano
DeLauro	Loeb sack	Sewell
Deutch	Lofgren, Zoe	Sherman
Dicks	Lowey	Sires
Dingell	Lujan	Slaughter
Doggett	Lynch	Smith (WA)
Donnelly (IN)	Maloney	Speier
Doyle	Markey	Stark
Edwards	Matheson	Sutton
Ellison	Matsui	Thompson (CA)
Engel	McCarthy (NY)	Thompson (MS)
Eshoo	McCollum	Tierney

Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky

Adams	Gowdy
Aderholt	Granger
Akin	Graves (GA)
Alexander	Graves (MO)
Altmire	Griffin (AR)
Amash	Griffith (VA)
Austria	Grimm
Bachus	Guinta
Barletta	Guthrie
Bartlett	Hall
Barton (TX)	Harper
Bass (NH)	Hartzler
Benishhek	Hastings (WA)
Berg	Hayworth
Biggett	Heck
Bilirakis	Heller
Bishop (UT)	Hensarling
Black	Herger
Blackburn	Herrera Beutler
Bonner	Holden
Bono Mack	Huelskamp
Boren	Huizenga (MI)
Boustany	Hultgren
Brady (TX)	Hunter
Brooks	Hurt
Buchanan	Issa
Bucshon	Jenkins
Buerkle	Johnson (IL)
Burgess	Johnson (OH)
Burton (IN)	Jordan
Calvert	Kelly
Camp	King (IA)
Campbell	King (NY)
Canseco	Kingston
Cantor	Kinzingler (IL)
Capito	Kline
Cardoza	Labrador
Carter	Lamborn
Chabot	Lance
Chaffetz	Landry
Chandler	Lankford
Coble	Latham
Coffman (CO)	LaTourette
Cole	Latta
Conaway	Lewis (CA)
Cooper	LoBiondo
Cravayack	Long
Crawford	Lucas
Crenshaw	Luetkemeyer
Culberson	Lummis
Davis (KY)	Lungren, Daniel
Denham	E.
Dent	Mack
DesJarlais	Manzullo
Dold	Marchant
Dreier	Marino
Duffy	McCarthy (CA)
Duncan (SC)	McCauley
Duncan (TN)	McClintock
Ellmers	McCotter
Farenthold	McHenry
Fincher	McIntyre
Fitzpatrick	McKeon
Flake	McKinley
Fleischmann	McMorris
Fleming	Rodgers
Flores	Meehan
Forbes	Mica
Fortenberry	Miller (FL)
Fox	Miller (MI)
Franks (AZ)	Miller, Gary
Frelinghuysen	Mulvaney
Galleghy	Murphy (PA)
Gardner	Myrick
Garrett	Neugebauer
Gerlach	Noem
Gibbs	Nugent
Gingrey (GA)	Nunes
Gohmert	Nunnelee
Goodlatte	Olson
Gosar	Owens

Bilbray
Broun (GA)
Cassidy
Conyers
Costa
Diaz-Balart

Walz (MN)
Wasserman
Wilson
Waters
Watt
Waxman

NOES—239

Palazzo
Paul
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stearns
Stivers
Stutzman
Sullivan
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walden
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—16

Emerson
Giffords
Johnson (GA)
Johnson, Sam
Jones
Larson (CT)

Weiner
Welch
Wilson (FL)
Woolsey
Wu
Yarmuth

□ 1731

Messrs. SMITH of Nebraska, COFFMAN of Colorado, DUFFY, ROSKAM, MEEHAN, and MULVANEY changed their vote from “aye” to “no.”

Ms. WILSON of Florida, Messrs. KUCINICH, PERLMUTTER, WU, Ms. PINGREE of Maine, and Mr. CUMMINGS changed their vote from “no” to “aye.”

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 2 OFFERED BY MS. WATERS

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentlewoman from California (Ms. WATERS) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 178, noes 242, not voting 12, as follows:

[Roll No. 282]

AYES—178

Ackerman	Edwards	Matheson
Andrews	Ellison	Matsui
Baca	Engel	McCarthy (NY)
Baldwin	Eshoo	McCollum
Barrow	Fattah	McDermott
Bass (CA)	Filner	McGovern
Becerra	Frank (MA)	McNerney
Berkley	Fudge	Meeks
Berman	Garamendi	Michaud
Bishop (GA)	Gonzalez	Miller (NC)
Bishop (NY)	Green, Al	Miller, George
Blumenauer	Green, Gene	Moore
Boswell	Grijalva	Moran
Brady (PA)	Hanabusa	Murphy (CT)
Braley (IA)	Hastings (FL)	Nadler
Brown (FL)	Heinrich	Napolitano
Butterfield	Higgins	Neal
Capps	Himes	Olver
Capuano	Hinches	Pallone
Cardoza	Hinojosa	Pascarell
Carnahan	Hirono	Pastor (AZ)
Carney	Holt	Payne
Carson (IN)	Honda	Pelosi
Castor (FL)	Hoyer	Perlmutter
Chu	Inslee	Peters
Ciциlline	Israel	Pingree (ME)
Clarke (MI)	Jackson (IL)	Polis
Clarke (NY)	Jackson Lee	Price (NC)
Clay	(TX)	Quigley
Cleaver	Johnson (GA)	Rahall
Clyburn	Johnson, E. B.	Rangel
Cohen	Kaptur	Reyes
Connolly (VA)	Keating	Richardson
Conyers	Kildee	Richmond
Costa	Kind	Rothman (NJ)
Costello	Kissell	Roybal-Allard
Courtney	Kucinich	Ruppersberger
Crowley	Langevin	Rush
Cuellar	Larsen (WA)	Ryan (OH)
Cummings	Larson (CT)	Sánchez, Linda
Davis (CA)	Lee (CA)	T.
Davis (IL)	Levin	Sanchez, Loretta
DeFazio	Lewis (GA)	Sarbanes
DeGette	Lipinski	Schakowsky
DeLauro	Loeb sack	Schiff
Deutch	Lofgren, Zoe	Schrader
Dicks	Lowey	Schwartz
Dingell	Lujan	Scott (VA)
Donnelly (IN)	Maloney	Scott, David
Doyle	Markey	Serrano
		Sewell

Sherman
Sires
Slaughter
Smith (WA)
Speier
Stark
Sutton
Thompson (CA)
Thompson (MS)
Tierney

Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz (MN)
Wasserman
Schultz
Waters

NOES—242

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishke
Berg
Biggert
Bilirakis
Bishop (UT)
Black
Blackburn
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Carter
Chabot
Chaffetz
Chandler
Coble
Coffman (CO)
Conaway
Cooper
Cravaack
Crawford
Crenshaw
Critz
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foss
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar

Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heller
Hensarling
Herger
Herrera Beutler
Holden
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McKinley
McMorris
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee

Olson
Owens
Palazzo
Paul
Paulsen
Pearce
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Pompeo
Posey
Price (GA)
Quayle
Reed
Rehberg
Reichert
Renacci
Ribble
Rigell
Rivera
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross (AR)
Ross (FL)
Royce
Runyan
Ryan (WI)
Scalise
Schilling
Schmidt
Schock
Schweikert
Scott (SC)
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Southernland
Stearns
Stivers
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Walberg
Walsh (IL)
Webster
West
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (FL)
Young (IN)

NOT VOTING—12

Bilbray
Bonner

Broun (GA)
Cassidy

Cole
Emerson

Farr
Giffords

Gutierrez
Johnson, Sam

Sullivan
Walden

□ 1738

So the amendment was rejected.
The result of the vote was announced as above recorded.

Stated against:
Mr. WALDEN. Mr. Chairman, on rollcall No. 282, I was inadvertently detained. Had I been present, I would have voted “no.”

(By unanimous consent, Mr. BACHUS was allowed to speak out of order.)

MOMENT OF SILENCE IN REMEMBRANCE OF THE FAMILIES AND VICTIMS OF THE RECENT TORNADOES IN THE SOUTHERN STATES

Mr. BACHUS. Mr. Chairman, I'm joined on the floor today by my colleagues from the southern States. We have Members from Alabama, Mississippi, Tennessee, Georgia, North Carolina, and Virginia together. Families in our States have lost over 300 of their loved ones, and I ask that the House at this time join my colleagues and me in a moment of silence for these families and victims. Our thoughts and prayers go with them.

The Acting CHAIR. The Chair would ask all present to rise for the purpose of a moment of silence.

AMENDMENT NO. 3 OFFERED BY MR. ELLISON

The Acting CHAIR. Without objection, 5-minute voting will continue.

There was no objection.

The Acting CHAIR. The unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Minnesota (Mr. ELLISON) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The Acting CHAIR. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 180, noes 242, not voting 10, as follows:

[Roll No. 283]

AYES—180

Ackerman	Clarke (NY)	Edwards	Miller (NC)	Schiff
Andrews	Clay	Ellison	Miller, George	Schrader
Baca	Cleaver	Engel	Moore	Schwartz
Baldwin	Clyburn	Eshoo	Moran	Scott (VA)
Barrow	Cohen	Farr	Murphy (CT)	Scott, David
Becerra	Connolly (VA)	Fattah	Nadler	Serrano
Berkley	Conyers	Filner	Napolitano	Sewell
Berman	Costa	Frank (MA)	Neal	Sherman
Bishop (GA)	Costello	Fudge	Oliver	Shuler
Bishop (NY)	Courtney	Garamendi	Pallone	Sires
Blumenauer	Critz	Gonzalez	Pascarell	Slaughter
Boswell	Crowley	Green, Al	Pastor (AZ)	Smith (WA)
Brady (PA)	Cuellar	Green, Gene	Payne	Speier
Braley (IA)	Cummings	Grijalva	Pelosi	Stark
Brown (FL)	Davis (CA)	Gutierrez	Perlmutter	Sutton
Capps	Davis (IL)	Hanabusa	Peters	Thompson (CA)
Capuano	DeFazio	Hastings (FL)	Peterson	Thompson (MS)
Carnahan	DeGette	Heinrich	Pingree (ME)	Tierney
Carney	DeLauro	Higgins	Polis	Tonko
Carson (IN)	Deutch	Himes	Price (NC)	Towns
Castor (FL)	Dicks	Hinche	Quigley	Tsongas
Chandler	Dingell	Hinojosa	Rahall	Van Hollen
Chu	Doggett	Hirono	Rangel	Velázquez
Cicilline	Donnelly (IN)	Holt	Reyes	Visclosky
Clarke (MI)	Doyle	Honda	Richardson	Walz (MN)
			Richmond	Wasserman
			Rothman (NJ)	Schultz
			Roybal-Allard	Waters
			Ruppersberger	Watt
			Rush	Waxman
			Ryan (OH)	Weiner
			Sánchez, Linda T.	Welch
			Sanchez, Loretta	Wilson (FL)
			Sarbanes	Woolsey
			Schakowsky	Wu
				Yarmuth

NOES—242

Adams
Aderholt
Akin
Alexander
Altmire
Amash
Austria
Bachmann
Bachus
Barletta
Bartlett
Barton (TX)
Bass (NH)
Benishke
Berg
Biggert
Bilirakis
Bishop (UT)
Black
Blackburn
Boner
Bono Mack
Boren
Boustany
Brady (TX)
Brooks
Buchanan
Bucshon
Buerkle
Burgess
Burton (IN)
Calvert
Camp
Campbell
Canseco
Cantor
Capito
Cardoza
Carter
Chabot
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Cooper
Cravaack
Crawford
Crenshaw
Culberson
Davis (KY)
Denham
Dent
DesJarlais
Diaz-Balart
Dold
Dreier
Duffy
Duncan (SC)
Duncan (TN)
Ellmers

Farenthold
Fincher
Fitzpatrick
Flake
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Franks (AZ)
Frelinghuysen
Gallegly
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffin (AR)
Griffith (VA)
Grimm
Guinta
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Hayworth
Heck
Heller
Hensarling
Herger
Herrera Beutler
Holden
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (IL)
Johnson (OH)
Jones
Jordan
Kelly
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador

Lamborn
Lance
Landry
Lankford
Latham
LaTourette
Latta
Lewis (CA)
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marino
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McKinley
McMorris
Rodgers
Meehan
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mulvaney
Murphy (PA)
Myrick
Neugebauer
Noem
Nugent
Nunes
Nunnelee

Ribble	Schock	Tipton
Rigell	Schweikert	Turner
Rivera	Scott (SC)	Upton
Roby	Scott, Austin	Walberg
Roe (TN)	Sensenbrenner	Walden
Rogers (AL)	Sessions	Walsh (IL)
Rogers (KY)	Shimkus	Webster
Rogers (MI)	Shuster	West
Rohrabacher	Simpson	Westmoreland
Rokita	Smith (NE)	Whitfield
Rooney	Smith (NJ)	Wilson (SC)
Ros-Lehtinen	Smith (TX)	Wittman
Roskam	Southerland	Wolf
Ross (AR)	Stearns	Womack
Ross (FL)	Stivers	Woodall
Royce	Stutzman	Yoder
Runyan	Sullivan	Young (AK)
Ryan (WI)	Terry	Young (FL)
Scalise	Thompson (PA)	Young (IN)
Schilling	Thornberry	
Schmidt	Tiberti	

NOT VOTING—10

Bass (CA)	Cassidy	Hoyer
Bilbray	Emerson	Johnson, Sam
Broun (GA)	Fox	
Butterfield	Giffords	

□ 1746

Mr. ROYCE changed his vote from "aye" to "no."

So the amendment was rejected.

The result of the vote was announced as above recorded.

The Acting CHAIR (Mr. SMITH of Nebraska). Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. YODER) having assumed the chair, Mr. SMITH of Nebraska, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, and, pursuant to House Resolution 236, reported the bill back to the House.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. BOSWELL. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. BOSWELL. In its present form, I am opposed.

Mr. BURGESS. Mr. Speaker, I would like to reserve a point of order.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Boswell moves to recommit the bill H.R. 1213 to the Committee on Energy and Commerce with instructions to report the same to the House forthwith with the following amendment:

In section 1, add at the end the following:

(c) CANCER OR OTHER PREEXISTING CONDITION NON-DISCRIMINATION DISCLOSURE CONDITION.—Section 1311 of the Patient Protection and Affordable Care Act, as amended by subsection (a), is amended by inserting before subsection (b) the following new subsection:

"(a) CANCER OR OTHER PREEXISTING CONDITION NON-DISCRIMINATION DISCLOSURE CONDITION.—As a condition for receipt of assistance under this section and in addition to any other requirements for an Exchange, an Exchange may not offer a qualified health plan of a health insurance issuer if that issuer—

"(1) does not agree to publicly disclose the extent to which coverage under such plan has been denied for any individual (including an individual who is a senior or future recipient of Medicare), and the extent to which there has been any increase in the amount of premiums for coverage under such plan for such an individual, based on the individual having cancer or another preexisting condition; or

"(2) has at least one such disclosure demonstrating an instance of such a denial or premium increase on such basis."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Iowa is recognized for 5 minutes in support of his motion.

□ 1750

Mr. BOSWELL. Mr. Speaker, this motion is very simple. It serves as a final amendment to the underlying legislation and would not kill the bill. What it does do is prohibit insurance companies from participating in health insurance exchanges if they deny coverage for cancer or other preexisting conditions, especially for seniors and future Medicare recipients.

My recommit motion is an opportunity for everyone in this Chamber to put the angry rhetoric surrounding health care reform aside and stand up for seniors and future Medicare recipients and every American who has been diagnosed with cancer and other preexisting conditions.

This recommit motion holds special meaning for me because I am a cancer survivor. I was diagnosed with prostate cancer that was most likely caused by my service in the Vietnam War and exposure to Agent Orange. Fortunately, as a career soldier, I had access to affordable, quality public health insurance to help me beat that nasty disease. Many other Americans are not so lucky.

With this in mind, this final amendment is more important than ever. Medicare accepts all seniors; private insurance companies do not. This must change, and requiring these companies to prove that they do not charge more or deny coverage to seniors and the 129 million people under 65 who have a preexisting condition is an important first step.

I would submit that probably every one of us in this Chamber have received calls from some of our constituents who have been paying for insurance for years and years, they got a malady, they got cancer, they're in the hospital, they're getting treatment, insurance comes due and they can't renew it because they've got a preexisting condition. That's got to stop.

Health insurance exchanges will be a one-stop shop for tens of millions of Americans who purchase individual policies. This market must be open

only to the companies that provide affordable insurance to all Americans, young, old, sick and well, male and female. My recommit motion, this final amendment, would require just that.

Our role as a government is to protect the well-being of our citizens, not the bottom line of insurance companies, which are doing just fine by the way.

America's health insurance companies increased their profits by 56 percent in 2009, while 2.7 million people lost their private coverage. The Nation's five largest for-profit insurers reported a combined profit of \$12.2 billion the same year, according to a report by Health Care for America Now.

I support American companies making profits. However, these numbers indicate there is no reason why private insurance companies should deny coverage to seniors or Americans struggling with cancer and other preexisting conditions.

My amendment would ensure that if they want to expand their insurance pool to include Americans purchasing through health care exchanges and grow their customer base even more, then they must cover everyone fairly—seniors, future Medicare recipients, and cancer patients included.

Let's be clear. The passage of this amendment will not prevent the passage of the underlying bill. If the amendment is adopted, it will be incorporated into the bill, and the bill will be immediately voted upon.

So, even though we may disagree on the bill today, we have the opportunity to stand together for those afflicted with cancer and other preexisting conditions and our Nation's future Medicare recipients who would lose guaranteed health care benefits under the Ryan plan.

It's up to us. I urge everyone to vote "yes" on this final amendment.

I yield back the balance of my time.

The SPEAKER pro tempore. Does the gentleman from Texas have a point of order?

Mr. BURGESS. Mr. Chairman, I will withdraw the point of order.

The SPEAKER pro tempore. The gentleman withdraws the point of order.

The gentleman from Texas is recognized for 5 minutes in opposition.

Mr. BURGESS. Mr. Speaker, H.R. 1213 that we've had under discussion all day does nothing about preexisting conditions; therefore, this motion to recommit is irrelevant and unnecessary.

Members were brought here to get runaway spending under control. Rather than help us avoid a fiscal crisis, House Democrats have brought forward a motion to recommit that is irrelevant to the points that have been made on the floor of this House today.

As has been pointed out, Section 1113(a) of the Patient Protection and Affordable Care Act gives the Secretary of Health and Human Services an unlimited appropriation to facilitate enrollment in State health exchanges. We simply do not know how

the Secretary of Health and Human Services will spend these dollars.

The Center for Medicare and Medicaid Services has indicated that States should look to this fund to plug State budget shortfalls.

Section 1311(h) of the Patient Protection and Affordable Care Act gives the Secretary the ability to regulate which doctors can provide care through exchange plans. This fund can be used to federalize how doctors can practice medicine.

Grants under 1113(a) could also be used to provide a 100 percent subsidy for premiums, driving patients out of employer-sponsored insurance.

Under Section 2705, it is already prohibited for a qualified plan to discriminate, and, thus, the motion to recommit attempts to keep the spending going. Continuing to fund State-based exchanges would jeopardize taxpayer resources.

Given the huge uncertainty regarding the Patient Protection and Affordable Care Act, two Federal District Courts have struck down the law. State attorney generals have asked for an expedited review of the litigation, but the Obama administration has refused to allow that to happen. In the interim, repealing this fund is the best thing we can do to protect taxpayer resources at a time of record red ink.

I urge my colleagues to vote “no” on the motion to recommit.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. BOSWELL. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—ayes 190, noes 233, not voting 9, as follows:

[Roll No. 284]

AYES—190

Ackerman	Cardoza	Critz
Altmire	Carnahan	Crowley
Andrews	Carney	Cuellar
Baca	Carson (IN)	Cummings
Baldwin	Castor (FL)	Davis (CA)
Barrow	Chandler	Davis (IL)
Bass (CA)	Chu	DeFazio
Becerra	Cicilline	DeGette
Berkley	Clarke (MI)	DeLauro
Berman	Clarke (NY)	Deutch
Bishop (GA)	Clay	Dicks
Bishop (NY)	Cleaver	Dingell
Blumenauer	Clyburn	Doggett
Boswell	Cohen	Donnelly (IN)
Brady (PA)	Connolly (VA)	Doyle
Braley (IA)	Conyers	Edwards
Brown (FL)	Cooper	Ellison
Butterfield	Costa	Engel
Capps	Costello	Eshoo
Capuano	Courtney	Farr

Fattah	Lowey	Ruppersberger
Filner	Lujan	Rush
Frank (MA)	Lynch	Ryan (OH)
Fudge	Maloney	Sánchez, Linda T.
Garamendi	Markley	Sanchez, Loretta
Gonzalez	Matheson	Sarbanes
Green, Al	Matsui	Schakowsky
Green, Gene	McCarthy (NY)	Schiff
Grijalva	McCollum	Schrader
Gutierrez	McDermott	Schwartz
Hanabusa	McGovern	Scott (VA)
Hastings (FL)	McIntyre	Scott, David
Heinrich	McNerney	Serrano
Higgins	Meeks	Sewell
Himes	Michaud	Sherman
Hinchee	Miller (NC)	Shuler
Hinojosa	Miller, George	Sires
Hirono	Moore	Slaughter
Holden	Moran	Smith (WA)
Holt	Murphy (CT)	Speier
Honda	Nadler	Stark
Hoyer	Napolitano	Sutton
Inslee	Neal	Thompson (CA)
Israel	Oliver	Thompson (MS)
Jackson (IL)	Owens	Tierney
Jackson Lee	Pallone	Tonko
(TX)	Pascarell	Towns
Johnson (GA)	Pastor (AZ)	Tsongas
Johnson, E. B.	Payne	Van Hollen
Jones	Pelosi	Velázquez
Kaptur	Perlmutter	Visclosky
Keating	Peters	Walz (MN)
Kildee	Peterson	Wasserman
Kind	Pingree (ME)	Schultz
Kissell	Polis	Waters
Kucinich	Price (NC)	Watt
Langevin	Quigley	Weiner
Larsen (WA)	Rahall	Welch
Larson (CT)	Rangel	Wilson (FL)
Lee (CA)	Reyes	Woolsey
Levin	Richardson	Wu
Lewis (GA)	Richmond	Yarmuth
Lipinski	Ross (AR)	
Loebach	Rothman (NJ)	
Lofgren, Zoe	Roybal-Allard	

NOES—233

Adams	Dold	Hurt
Aderholt	Dreier	Issa
Akin	Duffy	Jenkins
Alexander	Duncan (SC)	Johnson (IL)
Amash	Duncan (TN)	Johnson (OH)
Austria	Ellmers	Jordan
Bachmann	Farenthold	Kelly
Bachus	Fincher	King (IA)
Barletta	Fitzpatrick	King (NY)
Bartlett	Flake	Kingston
Barton (TX)	Fleischmann	Kinzing (IL)
Bass (NH)	Fleming	Kline
Benishak	Flores	Labrador
Berg	Forbes	Lamborn
Biggart	Fortenberry	Lance
Billrakis	Fox	Landry
Bishop (UT)	Franks (AZ)	Lankford
Black	Frelinghuysen	Latham
Blackburn	Gallegly	LaTourette
Bonner	Gardner	Latta
Bono Mack	Garrett	Lewis (CA)
Boren	Gerlach	LoBiondo
Boustany	Gibbs	Long
Brady (TX)	Gibson	Lucas
Brooks	Gingrey (GA)	Luetkemeyer
Buchanan	Goodlatte	Lummis
Buchson	Gosar	Lungren, Daniel E.
Buerkle	Gowdy	Mack
Burgess	Granger	Manzullo
Burton (IN)	Graves (GA)	Marchant
Calvert	Graves (MO)	Marino
Camp	Griffin (AR)	McCarthy (CA)
Campbell	Griffith (VA)	McCaul
Canseco	Grimm	McClintock
Cantor	Guinta	McCotter
Capito	Guthrie	McHenry
Carter	Hall	McKeon
Chabot	Hanna	McKinley
Chaffetz	Harper	McMorris
Coble	Harris	Rodgers
Coffman (CO)	Hartzler	Meehan
Cole	Hastings (WA)	Mica
Conaway	Hayworth	Miller (FL)
Cravaack	Heck	Miller (MI)
Crawford	Heller	Miller, Gary
Crenshaw	Hensarling	Mulvaney
Culberson	Herger	Murphy (PA)
Davis (KY)	Herrera Beutler	Myrick
Denham	Huelskamp	Neugebauer
Dent	Huizenga (MI)	Noem
DesJarlais	Hultgren	Nugent
Diaz-Balart	Hunter	

Nunes	Rogers (MI)	Stivers
Nunnelee	Rohrabacher	Stutzman
Olson	Rokita	Sullivan
Palazzo	Rooney	Terry
Paul	Ros-Lehtinen	Thompson (PA)
Paulsen	Roskam	Thornberry
Pearce	Ross (FL)	Tiberi
Pence	Royce	Tipton
Petri	Runyan	Turner
Pitts	Ryan (WI)	Upton
Platts	Scalise	Walberg
Poe (TX)	Schilling	Walden
Pompeo	Schmidt	Walsh (IL)
Posey	Schock	Webster
Price (GA)	Schweikert	West
Quayle	Scott (SC)	Westmoreland
Reed	Scott, Austin	Whitfield
Rehberg	Sensenbrenner	Wilson (SC)
Reichert	Sessions	Wittman
Renacci	Shimkus	Wolf
Ribble	Shuster	Womack
Rigell	Simpson	Yoder
Rivera	Smith (NE)	Young (AK)
Roby	Smith (NJ)	Young (FL)
Roe (TN)	Smith (TX)	Young (IN)
Rogers (AL)	Southerland	
Rogers (KY)	Stearns	

NOT VOTING—9

Billbray	Emerson	Johnson, Sam
Broun (GA)	Giffords	Waxman
Cassidy	Gohmert	Woodall

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1815

Mr. BECERRA changed his vote from “no” to “aye.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. BURGESS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 238, noes 183, not voting 11, as follows:

[Roll No. 285]

AYES—238

Adams	Buerkle	Duncan (SC)
Aderholt	Burgess	Duncan (TN)
Akin	Burton (IN)	Ellmers
Alexander	Calvert	Farenthold
Altmire	Camp	Fincher
Amash	Campbell	Fitzpatrick
Austria	Canseco	Flake
Bachmann	Cantor	Fleischmann
Bachus	Capito	Fleming
Barletta	Carter	Flores
Bartlett	Chabot	Forbes
Barton (TX)	Chaffetz	Fortenberry
Bass (NH)	Coble	Fox
Benishak	Coffman (CO)	Franks (AZ)
Berg	Cole	Frelinghuysen
Biggart	Conaway	Gallegly
Billrakis	Cravaack	Gardner
Bishop (UT)	Crawford	Garrett
Black	Crenshaw	Gerlach
Blackburn	Culberson	Gibbs
Bonner	Davis (KY)	Gibson
Bono Mack	Denham	Gingrey (GA)
Boren	Dent	Gohmert
Boustany	DesJarlais	Goodlatte
Brady (TX)	Diaz-Balart	Gosar
Brooks	Dold	Gowdy
Buchanan	Dreier	Granger
Buchson	Duffy	Graves (GA)

Graves (MO)	Mack	Rohrabacher	Pingree (ME)	Sarbanes	Tierney
Griffin (AR)	Manzullo	Rokita	Polis	Schakowsky	Tonko
Griffith (VA)	Marchant	Rooney	Price (NC)	Schiff	Towns
Grimm	Marino	Ros-Lehtinen	Quigley	Schrader	Tsongas
Guinta	McCarthy (CA)	Roskam	Rahall	Schwartz	Van Hollen
Guthrie	McCaul	Ross (FL)	Rangel	Scott (VA)	Velázquez
Gutierrez	McClintock	Royce	Reyes	Scott, David	Visclosky
Hall	McCotter	Runyan	Richardson	Serrano	Walz (MN)
Hanna	McHenry	Ryan (WI)	Richmond	Sewell	Wasserman
Harper	McIntyre	Scalise	Ross (AR)	Sherman	Schultz
Harris	McKeon	Schilling	Rothman (NJ)	Sires	Waters
Hartzler	McKinley	Schmidt	Roybal-Allard	Slaughter	Watt
Hastings (WA)	McMorris	Schweikert	Ruppersberger	Smith (WA)	Weiner
Hayworth	Rodgers	Scott (SC)	Rush	Speier	Welch
Heck	Meehan	Scott, Austin	Ryan (OH)	Stark	Wilson (FL)
Heller	Mica	Sensenbrenner	Sánchez, Linda	Sutton	Woolsey
Hensarling	Miller (FL)	Sessions	T.	Thompson (CA)	Wu
Herger	Miller (MI)	Shimkus	Sanchez, Loretta	Thompson (MS)	Yarmuth
Herrera Beutler	Miller, Gary	Shuster			
Holden	Mulvaney	Simpson			
Huelskamp	Murphy (PA)	Myrick			
Huizenga (MI)	Myrick	Smith (NE)			
Hultgren	Neugebauer	Smith (NJ)			
Hunter	Noem	Smith (TX)			
Hurt	Nugent	Southerland			
Issa	Nunes	Stearns			
Jenkins	Nunnelee	Stivers			
Johnson (IL)	Olson	Stutzman			
Johnson (OH)	Palazzo	Sullivan			
Jones	Paul	Terry			
Jordan	Paulsen	Thompson (PA)			
Kelly	Pearce	Thornberry			
King (IA)	Pence	Tiberi			
King (NY)	Petri	Tipton			
Kingston	Pitts	Turner			
Kinzinger (IL)	Platts	Upton			
Kline	Poe (TX)	Walberg			
Labrador	Pompeo	Walden			
Lamborn	Posey	Walsh (IL)			
Lance	Price (GA)	Webster			
Landry	Quayle	West			
Lankford	Reed	Westmoreland			
Latham	Rehberg	Whitfield			
LaTourette	Reichert	Wilson (SC)			
Latta	Renacci	Wittman			
Lewis (CA)	Ribble	Wolf			
LoBiondo	Rigell	Womack			
Long	Rivera	Yoder			
Lucas	Roby	Young (AK)			
Luetkemeyer	Roe (TN)	Young (FL)			
Lummis	Rogers (AL)	Young (IN)			
Lungren, Daniel	Rogers (KY)				
E.	Rogers (MI)				

NOES—183

Ackerman	Davis (IL)	Kildee
Andrews	DeFazio	Kind
Baca	DeGette	Kissell
Baldwin	DeLauro	Kucinich
Barrow	Deutch	Langevin
Bass (CA)	Dicks	Larsen (WA)
Becerra	Dingell	Larson (CT)
Berkley	Doggett	Lee (CA)
Berman	Donnelly (IN)	Levin
Bishop (GA)	Doyle	Lewis (GA)
Bishop (NY)	Edwards	Lipinski
Blumenauer	Ellison	Loeb sack
Boswell	Engel	Lofgren, Zoe
Brady (PA)	Eshoo	Lowe y
Braley (IA)	Farr	Luján
Brown (FL)	Fattah	Maloney
Butterfield	Filner	Markey
Capps	Frank (MA)	Matheson
Capuano	Fudge	Matsui
Cardoza	Garamendi	McCarthy (NY)
Carnahan	Gonzalez	McCollum
Carney	Green, Al	McDermott
Carson (IN)	Green, Gene	McGovern
Castor (FL)	Grijalva	McNerney
Chandler	Hanabusa	Meeks
Chu	Hastings (FL)	Michaud
Cicilline	Heinrich	Miller (NC)
Clarke (MI)	Higgins	Miller, George
Clarke (NY)	Himes	Moore
Clay	Hinche y	Moran
Cleaver	Hinojosa	Murphy (CT)
Clyburn	Hirono	Nadler
Cohen	Holt	Napolitano
Connolly (VA)	Honda	Neal
Conyers	Hoyer	Oliver
Cooper	Inslee	Owens
Costa	Israel	Pallone
Costello	Jackson (IL)	Pascrell
Courtney	Jackson Lee	Pastor (AZ)
Critz	(TX)	Payne
Crowley	Johnson (GA)	Pelosi
Cuellar	Johnson, E. B.	Perlmutter
Cummings	Kaptur	Peters
Davis (CA)	Keating	Peterson

NOT VOTING—11

Bilbray	Giffords	Shuler
Broun (GA)	Johnson, Sam	Waxman
Cassidy	Lynch	Woodall
Emerson	Schock	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1822

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. GUTIERREZ. Mr. Speaker, due to an error, I incorrectly voted for final passage of H.R. 1213 (rollcall 285), legislation that seeks to repeal mandatory funding provided to states under the Patient Protection and Affordable Care Act to establish Health Benefit Exchanges. My intention was to vote against this bill.

ANNOUNCEMENT BY CHAIRMAN OF PERMANENT SELECT COMMITTEE ON INTELLIGENCE REGARDING AVAILABILITY OF CLASSIFIED SCHEDULE OF AUTHORIZATIONS AND CLASSIFIED ANNEX

(Mr. ROGERS of Michigan asked and was given permission to address the House for 1 minute.)

Mr. ROGERS of Michigan. Mr. Speaker, I wish to announce to all Members of the House that the Permanent Select Committee on Intelligence has ordered the bill, H.R. 754, the Intelligence Authorization Act for Fiscal Year 2011, reported favorably to the House with an amendment. The committee's report will be filed today.

Mr. Speaker, the classified Schedule of Authorizations and the classified Annex accompanying the bill will be available for review by Members at the offices of the Permanent Select Committee on Intelligence in room HVC-304 of the Capitol Visitors Center beginning any time after this report is filed. The committee office will be open during regular business hours for the convenience of any Member who wishes to review this material prior to its consideration by the House. I anticipate that H.R. 754 will be considered in the House in the near future, perhaps as early as next week.

I recommend that Members wishing to review the classified Annex contact

the committee's director of security to arrange a time and date for that viewing. This will assure the availability of committee staff to assist Members who desire assistance during their review of these classified materials.

I urge interested Members to review these materials in order to better understand the committee's recommendations. The classified Annex to the committee's report contains the committee's recommendations on the intelligence budget for fiscal year 2011 and related classified information that cannot be disclosed publicly.

It is important that Members keep in mind the requirements of clause 13 of House rule XXIII, which only permits access to classified information by those Members of the House who have signed the oath provided for in the rule.

If a Member has not yet signed that oath but wishes to review the classified Annex and Schedule of Authorizations, the committee staff can administer the oath and see that the executed form is sent to the Clerk's office. In addition, the committee's rules require that Members agree in writing to a non-disclosure agreement. The agreement indicates that the Member has been granted access to the classified Annex and that they are familiar with the rules of the House and the committee with respect to the classified nature of the information and the limitations on the disclosure of that information.

I thank the Speaker.

AMENDMENT PROCESS FOR CONSIDERATION OF H.R. 754, INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2011

(Mr. BISHOP of Utah asked and was given permission to address the House for 1 minute.)

Mr. BISHOP of Utah. Mr. Speaker, the Committee on Rules may meet the week of May 9 to grant a rule that could limit the amendment process for floor consideration of H.R. 754, the Intelligence Authorization Act for Fiscal Year 2011.

Any Member wishing to offer an amendment to the bill must submit an electronic copy of the amendment and description via the Rules Committee Web site. Members must also submit 30 hard copies of the amendment, one copy of a brief explanation of the amendment, and an amendment log in form to the Rules Committee in room H-312 of the Capitol by 12 p.m. on Tuesday, May 10, 2011. Both electronic and hard copies must be received by the date and time specified. Members should draft their amendments to the text of the bill as ordered reported by the Permanent Select Committee on Intelligence, which is available on the Rules Committee Web site.

Members should also use the Office of Legislative Counsel to ensure that their amendments are drafted in the most appropriate format. Members should also check with the Office of the

Parliamentarian, the Committee on the Budget, and the Congressional Budget Office to be certain their amendments comply with the rules of the House and the Congressional Budget Act.

If you have any questions, please contact Chairman DREIER or the Rules Committee staff.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1081

Mr. WILSON of South Carolina. Mr. Speaker, I ask unanimous consent to be removed as a cosponsor of H.R. 1081.

The SPEAKER pro tempore (Mr. WESTMORELAND). Is there objection to the request of the gentleman from South Carolina?

There was no objection.

REPEALING MANDATORY FUNDING FOR SCHOOL HEALTH CENTER CONSTRUCTION

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1214.

□ 1825

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, with Mr. SIMPSON (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, all time for general debate had expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule, and shall be considered read.

The text of the bill is as follows:

H.R. 1214

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REPEALING MANDATORY FUNDING FOR SCHOOL-BASED HEALTH CENTER CONSTRUCTION.

(a) IN GENERAL.—Subsection (a) of section 4101 of the Patient Protection and Affordable Care Act (42 U.S.C. 280h-4) is repealed.

(b) RESCISSION OF UNOBLIGATED FUNDS.—Of the funds made available by section 4101(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 280h-4(a)), the unobligated balance is rescinded.

The Acting CHAIR. No amendment to the bill shall be in order except those received for printing in the portion of the CONGRESSIONAL RECORD designated for that purpose in a daily issue dated May 2, 2011, and except pro forma amendments for the purpose of debate. Each amendment so received may be offered only by the Member who caused it to be printed or a designee and shall be considered read.

AMENDMENT NO. 1 OFFERED BY MS. JACKSON LEE OF TEXAS

Ms. JACKSON LEE of Texas. I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 1, add at the end the following:

(c) NOTICE OF RESCISSION OF UNOBLIGATED FUNDS.—Not later than 10 days after the date of the enactment of this Act, the Secretary of Health and Human Services shall post on the public website of the Department of Health and Human Services a notice of—

(1) the rescission, pursuant to subsection (b), of the unobligated balance of funds made available by section 4101(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 280h-4(a)); and

(2) the amount of such funds so rescinded.

The Acting CHAIR. The gentlewoman from Texas is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Mr. Chairman, I ask my colleagues to join me in supporting this amendment. I appreciate very much my friend and colleague from Texas, and I believe that this is an amendment that Republicans and Democrats can join on, maybe for different reasons.

I have indicated that I believe the repealing of the support for school-based health clinics and construction thereof is an unfortunate act on behalf of America's children.

My amendment is very simple. It requires the Department of Health and Human Services to post public notice on its official Web site that the mandated funds from Section 4101(a) of the Patient Protection and Affordable Care Act, including the amounts of the funds, will be rescinded. It explains to the American public just what we are doing and it gives them a line-by-line, dollar-by-dollar impact of what happens when they take money away that is already being invested, that will be invested, to help build a health care infrastructure in their neighborhood, so that children like this young man and many others who may not have access to health care can have a school-based clinic. The amendment will provide the public with important information about mandatory school-based health center funding that will no longer be available for them to receive these preventative care services.

This amendment also assists my good friends on the other side of the aisle by permitting them to easily show the American public that they are cutting public spending. But yet we must weigh the balance—cutting spending, or alleging that you are going to benefit from these cut funds, and undermining the health care system of America.

□ 1830

When the Congress passed the Affordable Care Act in 2010, and the President signed it into law, the Department of Health and Human Services was given a mandate to provide funding for expanded and sustained national health investment in school-based health cen-

ter construction programs to improve clinical preventive services and help restrain the growth in private and public health costs. Nearly every State has school-based health centers. There are about 2,000. It provides mandatory funds for building and improving school-based health centers. There are now 350 applications for 46 States with shovel-ready projects. It couldn't be all bad.

If H.R. 1214 is passed, it will kill those funds. It will repeal it. And yet this particular amendment will point out Sophie's choices—not really good choices—to take away from our children good health care under the pretense of cutting the deficit. The majority of the funding that is being cut by my friends is from discretionary services, few dollars that represent only a small portion of the Nation's budget, appropriations, and deficit.

And so I ask that we support this amendment because truth is in the pudding. Let's see what they're doing and how you can get good health care and cut school-based clinics.

Let me quickly say this. We're trying to make sure that we have places in neighborhoods for people to evacuate to—schools that are secure enough and strong enough that you could run or you could evacuate or you could be safe in place. School-based clinics, health clinics, provide places to take the wounded from a hurricane or tornado or a disaster unforeseen—or a man-made disaster.

So I would ask my colleagues to vote for this amendment, to support this amendment, because it shows the light of what we should and should not be doing.

With that, I reserve the balance of my time.

The Acting CHAIR. The gentlewoman may not reserve her time. The Committee is operating under the 5-minute rule, in which case the gentlewoman is recognized for 5 minutes.

The gentlewoman still has 1 minute and 10 seconds remaining.

Ms. JACKSON LEE of Texas. And I am trying to reserve my time.

The Acting CHAIR. The gentlewoman cannot reserve her time.

Ms. JACKSON LEE of Texas. Let me make the point that in earlier debate today, the Chair allowed me to reserve, and so I take issue with the ruling. And what is the basis of the ruling?

The Acting CHAIR. Under the 5-minute rule, the gentlewoman has to use her time or yield back her time. She may not reserve her time.

Ms. JACKSON LEE of Texas. Can I have an explanation as to why I was allowed to do so previously?

The Acting CHAIR. The Chair would tell the gentlewoman that the Committee is operating under the 5-minute rule and the time is not controlled.

Ms. JACKSON LEE of Texas. So to my parliamentary inquiry, the answer is that we're under the 5-minute rule?

The Acting CHAIR. That is right.

Ms. JACKSON LEE of Texas. Let me just indicate that school-based clinics

represent a source of homeland security, and in fact what we will find is we will stop States in their tracks for trying to provide the kind of health care not only for the children going to school every day to be able to protect them, but also in a long-range effort.

Does anyone remember H1N1? I do, because I went to my schools where there was an epidemic of H1N1. And we had it all across the Nation. We were panicked. I will tell you that school-based clinics can be a source of relief for children either coming to school with infections or some devastation coming about.

I would ask my colleagues to support this very simple amendment which gives to the American public the reason why we shouldn't cut these funds. Cutting funds, killing health care. Cutting funds, killing health care. Support this very thoughtful amendment that provides you with the reason for us being able to support school-based health clinics, for homeland security, for the ability to evacuate and be secure in times of disaster and, yes, to take care of the millions of children and respond to the States that are not Democratic or Republican who have 350 applications on the record. I ask my colleagues to support the amendment.

Mr. Chairman, I would first like to state my clear position that I am adamantly opposed to H.R. 1214 and its repeal of the important mandatory funding for School-Based Health Center Construction Prevention and Public Health Fund created under the Affordable Care Act. The funding saves lives and saves money.

If H.R. 1214 to repeal mandatory funding for School-Based Health Center Construction provided under Section 4101(a) of the Patient Protection and Affordable Care Act is enacted into law:

WHAT MY AMENDMENT DOES

Requires the Department of Health and Human Services to post public notice on its official web site that the Mandated Funds from Section 4101(a) of the Patient Protection and Affordable Care Act including the amount of the funds that will be rescinded.

This Amendment will provide the public with important information about Mandatory School-Based Health Center Funding that will no longer be available for them to receive necessary preventive health care services.

This Amendment also assists my Republican Colleagues by permitting them to easily show the American Public that they are cutting government spending, by how much they are cutting spending, and where they are cutting government spending. So I expect that my Republican Colleagues will fully support this Amendment.

Purpose of the Mandatory Funding for School-Based Health Center Construction Prevention and Public Health Fund Created under the Affordable Care Act. (Section 4101 of the Affordable Care Act)

When Congress passed the Affordable Care Act in 2010 and the President signed it into law, the Department of Health of Human Services was given the mandate to provide funding for expanded and sustained national health investment in School-based Health Center construction programs to improve access to Clinical Preventive Services and help restrain the

growth in private and public health costs. This was already a cost cutting measure.

Nearly every State has School-based health centers (there are about 2,000 of these)

Provides mandatory funds for building and improving school-based health centers.

There are 350 Applications for 46 States with shovel—ready projects.

If H.R. 1214 is passed it will repeal these funds and kill jobs.

According to the Texas Department of Health Services there are approximately 8 to 10 people employed at the 85 existing health centers. More than 20 of these health centers are currently in Houston.

A study conducted by John Hopkins University found that school-based health centers reduced inappropriate emergency room use among regular users or school-based health centers

A national multi-site study conducted by Mathematica Policy Research Institute found a significant increase in health care access by students who used school-based health centers: 71 percent of students reported having a health care visit in past year compared to 59 percent of students who did not have access to a school-based health center.

This program has been attributed to a reduction in Medicaid expenditures related to inpatient, drug and emergency department use to use of school-based health centers.

FUNDING PROVIDED

Section 4101(a) the Affordable Care Act mandates the Department of Health and Human Services to use any Funds from the Treasury in the following amounts for School-based health center construction and improvement projects:

Fiscal Years 2010 2013—\$50,000,000 per year for a total of \$200,000,000.

USE OF FUNDS

The mandatory funds appropriated for School-based Health Centers are a cornerstone of the Affordable Care Act.

Section 4101 provides grants to establish school-based health centers. Eligible entities must be a school-based health center or a sponsoring facility of a school-based health center. They must assure that the funds awarded under the grant will only be used for services authorized or allowed by Federal, State, or local law.

Preference is given to school-based health centers that serve a large population of children eligible for medical assistance under the State Medicaid plan.

Further the funds can only be used only for expenditures for facilities, equipment, or similar acquisitions. No funds will be used for expenditures of Personnel or to provide health services.

Appropriations. The funds have already been appropriated for fiscal years 2010 through 2013. \$50,000,000 a year for a total of \$200,000,000.

Grants support the core services offered by school-based health centers includes comprehensive primary health services from health assessments, and treatment of minor, acute, and chronic medical conditions to mental health and substance use disorder assessment including crisis intervention, counseling and treatment.

They do not provide abortion services.

The program is designed to aid children residing in areas designated as medically underserved or has a shortage of health professionals.

Additional factors indicative of the health status of a child living in a medically underserved area include the ability of residents to pay for health services, accessibility of such services, and availability of health professionals.

Children in our proud nation should have access to health services. This is a reasonable solution to a serious problem.

Right now there are children who do not have the financial resources to receive adequate care. Even with the necessary financial resources they would not have adequate access to medical services in their area. Providing grants to build or renovate school-based health centers to protect the health of our children, create jobs and increase access to medical services in underserved areas should be our priority.

Mr. Chairman, my amendment is essential to provide greater consideration to this sensitive issue by affording an opportunity for the public to review the Department of Health and Human Services Web site information about mandatory school-based health center funding. This public notice will include information about rescinded mandatory funds from Section 4101(a) as well as the amount of funds that will be rescinded. This amendment will once again allow the American people to have accurate information about the impact this cut in government spending will have on our Nation's medically underserved children and jobs created as a result of this program. I urge my colleagues to join me in supporting my amendment.

I yield back the balance of my time.

Mr. BURGESS. I move to strike the last word.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. BURGESS. Mr. Chairman, the Jackson Lee amendment would require the Secretary of Health and Human Services to post on the HHS public Web site a notice of the rescission of unobligated balances from the mandatory funding for school health center construction provided under section 4101(a) of the Patient Protection and Affordable Care Act, and the amount of that rescission.

Mr. Chairman, I support transparency in government. I actually wish there was more transparency, especially when the last Congress was putting together this new health care law. We still do not know why it is certain projects were given mandatory funding and others were determined to be discretionary programs. No explanation has been given as to why construction of these facilities is mandatory and yet the staffing remains discretionary. Paying for construction of health centers has always been the responsibility of States and localities and the Federal Government would help with the staffing. The Patient Protection and Affordable Health Care Act turned that long-term policy on its head.

I recognize that the Democrats in the House of Representatives, now the House minority, did not write the bill. In fact, the bill was written behind closed doors in the Senate and probably at a coffee shop down by the White House. Yet no one who was in

the room or at the coffee shop will explain how the bill came to be.

If the author of this amendment feels that this would increase transparency, then I will support the amendment. I would hope that all Members would take the opportunity to increase transparency and demand transparency on how the backroom deals that sealed the fate of our health care system in the hands of Washington bureaucrats came to pass.

Mr. Chairman, I urge an "aye" vote on the amendment, and yield back the balance of my time.

Mr. PALLONE. Mr. Chairman, I move to strike the last word.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. I yield to the gentleman from Texas.

Ms. JACKSON LEE of Texas. I just rise to thank the gentleman from Texas for accepting this amendment. I think it shows that though we may have positions that differ on the underlying legislation, this is an initiative for transparency, and it will help explain to the American people.

Let me also conclude by saying that it should be very clear that this funding is not used for health care, in particular, on personnel. But it is to build the structures that will provide and protect children to be able to have these clinics, more access to health care for communities, and a source and site to be able to protect people who are impacted by natural or manmade disaster.

With that, I would ask my colleagues to support this legislation.

Mr. PALLONE. I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Texas (Ms. JACKSON LEE).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Ms. JACKSON LEE of Texas. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Texas will be postponed.

AMENDMENT NO. 2 OFFERED BY MR. PALLONE

Mr. PALLONE. Mr. Chairman, I have an amendment preprinted in the RECORD as amendment No. 2 to H.R. 1214, as the designee of Representative CAPPS.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

In section 1, add at the end the following:
(c) GAO STUDY TO DETERMINE SCHOOL DISTRICTS MOST IN NEED OF CONSTRUCTING OR RENOVATING SCHOOL-BASED HEALTH CENTERS.—The Comptroller General of the United States shall conduct a study to determine the school districts in the United States most in need of constructing or renovating school-based health centers (as defined in section 2110(c)(9) of the Social Security

Act (42 U.S.C. 1397jj(c)(9)). Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report setting forth the results and conclusions of the study under this subsection.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Thank you, Mr. Chairman.

This amendment provides for a GAO study to determine school districts most in need of constructing or renovating school-based health centers. Basically, it asks the Controller—or I should say mandates the Controller—to conduct a study to determine the school districts most in need of construction and renovation, and not later than 1 year after the date of the enactment, the Controller has to submit to the Congress a report setting forth the results and conclusions of the study under this subsection.

Mr. Chairman, I know we've had a lot of debate today about money, but the fact of the matter is that the \$50 million per year doesn't actually cover the costs of all of the schools that have requested and applied for construction or renovation funds. That's why I would like to have this amendment passed and hopefully accepted by the other side so that we can find out exactly how many more of these clinics, or centers, are in need of funding.

I yield back the balance of my time.

Mr. BURGESS. I move to strike the requisite number of words.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. BURGESS. Mr. Chairman, I rise in support of the amendment. The amendment requires the Government Accountability Office to conduct a study to determine the school districts in the United States most in need of constructing or renovating school-based health centers.

Actually, the amendment is refreshing. I only wish we would have had an opportunity to have this discussion in our committee a year and a half ago before the Patient Protection and Affordable Care Act passed. This amendment underscores one of the major flaws in the Patient Protection and Affordable Care Act.

□ 1840

Rather than conduct hearings and markups on this specific program, the school-based health center construction fund was lumped in with hundreds of other programs in a 2,700-page bill. I think the amendment will help the Congress determine whether the need exists and to quantify the target dollars in a careful manner.

My only regret—my only regret—is that in the last Congress the then Democratic majority did not request this study before providing \$200 million in mandatory funding for the school-based health center construction under the Patient Protection and Affordable Care Act.

Congress should determine the need before authorizing and appropriating

dollars. That's, after all, regular order. That's the way we are supposed to do it; not simply throw the money out after a program because we feel that it may be a good program or we believe that it may be a good program, no. We're dealing with taxpayer dollars. It is our obligation to show those dollars are going to be wisely spent and then proceed with the authorization and then the appropriation.

I believe this amendment will help in that process, and I urge support of the amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Jersey (Mr. PALLONE).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. PALLONE. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New Jersey will be postponed.

Mr. BURGESS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. DUFFY) having assumed the chair, Mr. SIMPSON, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, had come to no resolution thereon.

HONORING THE RECENTLY FALLEN SOLDIERS IN AFGHANISTAN

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 5, 2011, the gentleman from Texas (Ms. JACKSON LEE) is recognized for 60 minutes as the designee of the minority leader.

Ms. JACKSON LEE of Texas. Mr. Speaker, I am delighted to have the opportunity to be on the floor for such an important issue and joined by my colleagues.

I am holding the time until the distinguished gentleman from Louisiana (Mr. RICHMOND) arrives. But let me just indicate that this is an enormous crisis when nine of our soldiers are killed in the way that they were killed in Afghanistan. And for many of us who are concerned about the continuing conflict and the next steps, it is important to be able to offer our sympathy to their families and, as well, to be able to ask for an investigation as to the basis of their loss.

So it is important tonight that we educate our colleagues about the challenges that those brave soldiers faced, the conditions under which they lost their lives, and to say to their families that we will not rest until we have the opportunity to secure all of the facts

and to be able to establish a reaction or a basis on seeking a response from the Afghan Government and certainly from those who are in supervision of the Armed Forces in the region, in the theater.

With that in mind, as we offer our sympathy and express our desire for a full understanding and story as to what happened, Mr. Chairman, let me just say I look forward to a full airing of this unfortunate circumstance, and I hope that we will continue to seek information for these families and on behalf of these brave soldiers.

I yield back the balance of my time.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Louisiana (Mr. RICHMOND) is recognized for the remainder of the minority leader's hour.

Mr. RICHMOND. Mr. Speaker, I want to first, before I start, thank the gentlewoman from Texas, Congresswoman SHEILA JACKSON LEE, not only for introducing this segment tonight but for the work that she has done for people all across the country, and especially when you talk about disasters. She was there for the city of New Orleans in the metropolitan region after Hurricanes Katrina and Rita to make sure that everyone was included in the rebuilding and the reconstruction, and it was a lot of her effort that made sure that we could rebuild the city of New Orleans. And as we have just suffered losses around the country with the tornadoes that hit, I'm reminded of Hurricanes Katrina and Rita, but more importantly, Mr. Speaker, I am reminded of the people in this Congress who go above and beyond to make sure that we take care of everyone in this country. And for that I want to thank Congresswoman SHEILA JACKSON LEE.

Mr. Speaker, tonight I want to focus on our brave soldiers who recently fell in Afghanistan. We want to focus on their sacrifice. We want to focus on their bravery. We want to focus on their legacy.

Last week, on a diplomatic military congressional delegation which was headed up by and whose idea was Congressman BILL SHUSTER's, he also went the extra mile to make sure that he included freshmen Members in that so that we would get a chance to see what's going on over there. So last week while on a diplomatic and military delegation in Europe and Afghanistan, I attended a memorial service for the following heroes on this board. They are:

Lieutenant Colonel Frank Bryant, Jr.; Major David Brodeur; Major Philip Ambard; Major Raymond Estelle; Major Jeffrey Ausborn; Captain Charles Ransom; Captain Nathan Nylander; Retired Lieutenant Colonel James A. McLaughlin; Technical Sergeant Tara Brown; Private First Class Jonathan Villanueva; and Staff Sergeant Matthew Hermanson. These are just some of the faces of those who have made the ultimate sacrifice while

protecting America's interests abroad and helping to keep our country safe from threats far and wide.

I am joined by a couple of my colleagues who were with me on a fact-finding trip.

□ 1850

We will focus on the sacrifice made by these brave men and women, as well as the sacrifices being made by all of our brave men and women on a daily basis.

With that, Mr. Speaker, I want to yield to Congressman BILL SHUSTER, who will have the opportunity to not only talk about one or two or three of the individuals who gave the ultimate sacrifice but just on the experience in Afghanistan, where we are, the progress we're making.

Mr. SHUSTER. I thank the gentleman from Louisiana for yielding and thank the gentleman for traveling with us on our code, which was a bipartisan code made of up six Members—2 Democrats, 4 Republicans—and we traveled to, obviously as the gentleman from Louisiana said, to Afghanistan. It was, I think, an eye-opening experience for all of us getting to see and hear firsthand from not only our military leaders but also soldiers who were in the field and traveling out to Herat Province and be able to go to a village and talk to the village elders, the people that 18 months ago in this village it was controlled by the Taliban. Today, with the help of the U.S. Special Forces, the Taliban is gone and the people of this community, the people of this village and region are setting up their own police force.

The village elder committed to us that he would never allow the Taliban to come back and how much he appreciated the support of U.S. Special Forces and their training and the fact that they were living with them in the community, 30 of our Special Forces in two different compounds, again offering training and guidance to these folks that live out in a very, very rural part of Afghanistan and actually 50 to 60 miles from the Iranian border. And they're doing good work. So we saw those kinds of positive developments.

Of course, we all know what happened at the end of this weekend. Our Special Forces were able to go in and kill Osama bin Laden and bring justice to him, and America's grateful for their efforts.

As my colleague said, we were also able to participate in two ceremonies. One was a ramp ceremony of one of our fallen heroes. They actually put the coffin on the plane to bring it back to Dover Air Force Base to meet its final destination, and then also a ceremony to honor the nine fallen Americans that were killed by an Afghan pilot, somebody they had been working with for 9 months, somebody they trusted, who came in during a meeting last week, and brought in a weapon and killed nine people. They were not all military. There were eight people that

serve in our military and one civilian, a civilian contractor, A retired lieutenant colonel. So there were also officers and enlisted people, and all of them gave the ultimate sacrifice serving for us in Afghanistan, and it was also the largest loss of life for the U.S. Air Force since the Khobar Towers were bombed by Osama bin Laden some 12 or 13 years ago.

Tonight, we are joining here—and I think we are going to be joined by others that were on the trip—to talk about these individuals and honor these individuals.

With that, the first person that we want to honor is Major Jeffrey O. Ausborn. He was in the NATO Air Training Command in Afghanistan. Major Ausborn was born in August 1969 in Hokes Bluff, Alabama. His military career began on August 9, 1991, after being commissioned as a second lieutenant from the Troy State University Reserve Officer Training Corps. After completing basic communications officer training at Keesler Air Force Base, he remained as an instructor for nearly 4 years, and in 1996, Major Ausborn was selected for undergraduate pilot training and proceeded to Columbus Air Force Base where, as a pilot trainee, he went on to earn the coveted wings of silver.

Major Ausborn went on to fly the C-130, eventually completing two flying tours in the mighty Herk. In 2001, he joined the air education and training command as an instructor pilot. Major Ausborn spent 9 years of that command transitioning through the T-37, the T-6, and T-1 aircraft at Laughlin and Randolph Air Force Bases.

In November of 2010, Major Ausborn joined the NATO Air Training Command in Afghanistan as a C-27 evaluator pilot and the chief of current operations with the 538th Air Expeditionary Advisory Squadron. His awards include the Bronze Star Medal, the Meritorious Service Medal, and the Aerial Achievement Medal.

Major Ausborn is survived by his wife, Suzanna; daughters, Emily and Shelby; son, Eric; and stepchildren, Summer and Mitchell.

Our hearts and prayers go out to that family, for their loved one who gave the ultimate sacrifice. It is with that tonight that we remember Major Jeffrey O. Ausborn.

I yield to my colleague from Wisconsin.

Mr. DUFFY. I'm grateful for the gentleman from Pennsylvania.

You know, we were on a trip together, a bipartisan trip to Afghanistan, and as we were able to tour the country and meet with our military leaders, our CIA and our State Department, it was for me an interesting trip in that you see that support of our young men and women who are overseas fighting for their country does not have political boundaries. Our group on this trip came together and unanimously were supportive of the men and women who we have sent to defend this

country, and I think it was quite remarkable to see this team come together.

Before I talk further, I would like to yield to the gentleman from Louisiana.

Mr. RICHMOND. I thank Congressman DUFFY for yielding, and I know that your constituent and the person from Wisconsin was someone that you wanted to talk about and you had the privilege of performing the ramp act. I wanted to give you chance to switch podiums so that you can go down now that we have the pictures presented, but I also wanted to take a minute to say what a ramp act is.

And it's a ceremony performed in the country of the soldier's death. It's not a funeral but it's a memorial, and it's good-bye to a fallen soldier on their return home. So this solemn ceremony, it may have words by a chaplain or commanding officer, but it's just a very, very surreal experience in the fact that all of the troops are out there, and we had a chance to participate in that, to watch one of our fallen soldiers get put back on a plane to be sent home to his parents and the family that he left behind. So that is our farewell for them, and I will tell you that the ceremony is performed for all coalition forces, not just the U.S. military.

So it was that ceremony that we had a chance to participate in, and it was one that was very humbling, something I will never forget.

With that, I will yield to the gentleman from Wisconsin, Congressman DUFFY, to talk about his constituent who we had the privilege of watching and participating in that ramp act.

Mr. DUFFY. I'm grateful to the gentleman from Louisiana for yielding.

I do want to briefly talk about one of our Wisconsin heroes who last week was fighting for his country in the Wardak Province. It's Matthew Hermanson, who is pictured here in the lower left corner of our diagram. He is from Appleton, Wisconsin, and he is survived by his wife and his parents.

He was, again, last week fighting for his country. He was part of the 2nd Battalion, 4th Infantry Regiment, 4th Brigade Combat Team, 10th Mountain Division, and the division's 4th Brigade is stationed in Fort Polk.

In Wisconsin, we have like many States suffered losses recently, and our hearts go out to the family, the parents of Matt and to his wife, who at a time when many Americans are celebrating what has happened in Pakistan with Osama bin Laden, this family and other families are grieving the loss of their loved one. And here is a great Wisconsin hero, a great American hero who was fighting for his country who gave us the ultimate sacrifice in his pursuit for freedom. And I am grateful for all that he has given his State and his country, and we are proud of him.

□ 1900

Mr. RICHMOND. Thank you, Congressman DUFFY.

And now, Mr. Speaker, I would like to yield to the gentleman from Connecticut, Congressman CHRIS MURPHY, who was the senior Democrat on the trip who provided an awful lot of guidance as a senior Member of Congress in terms of what we were seeing and the effect of it also.

Mr. MURPHY of Connecticut. Thank you very much, Representative RICHMOND. It is kind of scary that I get senior status in my third term, but things move fast here in the United States House of Representatives.

I want to thank the gentleman from Louisiana for bringing us together for this Special Order hour. I have been here now for 5 years. And when votes are done and you go back to your office to get some work together for the next day, we often flip on the TV, and we watch these Special Order hours as, frankly, millions of Americans do across the country. What you see every night essentially starts to look the same. You see Republicans on one side having 1 hour, and Democrats on the other side having another hour. Too often that time is spent by both parties talking down the other side.

This is unique, to have Members of both the Republican and Democratic side joining together in a testimony to something that binds us as Republicans and Democrats, conservatives and liberals, whatever we are in this Nation. We know how important it is to support our men and women abroad and then to memorialize them when they don't come home. And you know what, if you got any of us individually and asked what our perceptions were of our trip and of the future of the war in Afghanistan, you would probably get different stories. But you won't get different stories when it comes to the respect that we have every day for the men and women who fight for us and I think the new understanding you get of the threats that are posed to these brave soldiers when you spend a little bit of time in theater.

Not only did we have the tragic honor of being part of a ramp ceremony and then a memorial service for the nine airmen and civilians that perished in the attack at the airport, but we got the chance a day later to walk the beat, essentially, with some of our Special Forces units in one of the western provinces of Afghanistan. And that's where you realize how dangerous this job is in a remote outpost with mud walls. A couple dozen of our bravest are trying to do their best to provide some security for Afghans in Herat province who had barely seen a coalition or American soldier before the last year, trying to cobble together the money that they had at their disposal to build some infrastructure projects to make the lives of the community members and the tribe members better.

Whatever you think about the future course of this war, we have got our best and our brightest fighting for us over there. We have 1 percent of Americans fighting for this country, protecting

the other 99 percent. And, unfortunately, there are more and more that aren't coming home.

In Connecticut, as I got the chance to remark in a short speech before the House of Representatives 2 weeks ago, we have taken an abnormally large number of casualties for a small State in the past 2 months. Unfortunately, one of the nine airmen that were killed in the attack at the Kabul International Airport was Raymond Estelle II. Major Estelle was born in Connecticut. Although he had moved away, he was a native of the Nutmeg State.

His military career spanned two decades back to November 1991 with his enlistment in the U.S. Air Force. After completing basic military and technical training, Raymond served as an enlisted aerospace ground equipment technician, rising to the rank of senior airman before earning his commission through the Reserve Officer Training Corps at the University of New Mexico in 1998.

Major Estelle was most recently assigned as the communications adviser to the Afghan Air Force with the 838th Air Expeditionary Advisory Group. It was in that capacity that he was serving in Afghanistan. It was in that capacity that he had befriended the Afghan airman who eventually turned his weapon on nine Americans.

Major Estelle's awards include the Bronze Star Medal, the Meritorious Service Medal, the Air Force Commendation Medal with one oak leaf cluster, the Joint Service Achievement Medal, and the Air Force Achievement Medal with one oak leaf cluster.

He is survived by his wife, Captain N'Keiba Estelle, his daughters Chanelle and Shayla, his son Raymond III, and his mother Regina.

As we sat there listening to the final roll call of that unit with nine of its members missing, we read through the biographies of the nine that were killed. We noted that almost all of them had children, young children, three, four, five kids. And as Representative DUFFY so aptly said, as many Americans are celebrating in the street the heroic achievement of our Special Forces in taking down one of the most evil people ever to walk this Earth, there are other families that are grieving today for those who put their lives on the line to protect the other 99 percent of us. And for my constituent Raymond Estelle, we grieve in Connecticut today.

Mr. RICHMOND. Thank you, Congressman MURPHY. I think that you brought up a very good point, which was the observation of the sacrifice and the fact that as we looked at all of the boots and the helmets of the nine troops during that boot ceremony, the fact that it crossed all lines. It crossed partisan lines. It crossed racial lines. It crossed geographic lines, and it certainly crossed different income levels.

So I just wanted to reiterate that the reason why we are here today with such a bipartisan and diverse group

showing our appreciation is because that was one of the things that was so noticeable when we participated in that ceremony, the fact that it was a very diverse group.

But there was one consistent and one overwhelming issue, one overwhelming purpose, and that was to make sure that the United States of America stays the best country on Earth and to make sure that this next generation, we leave them and we give them the opportunity to succeed and the opportunity to live in peace.

I will just quickly read, and it was one night while we were meeting in Batumi, and we were having a deep conversation about the sacrifice that our children are making, the sacrifice that the troops were making. And there was a parliamentarian from Batumi who used the John Quincy Adams quote, and it was the sentiment of everyone. So I just thought that I would point out that quote and read it to everybody. Mr. Speaker, it is so on point that I thought people needed to hear it: "I must study politics and war, that my sons may have the liberty to study mathematics and philosophy, geography, natural history and naval architecture, navigation, commerce, and agriculture, in order to give their children a right to study painting, poetry, music, architecture, statuary, tapestry, and porcelain." That is John Quincy Adams.

Mr. Speaker, I would just again reiterate the fact that it seems like we have been fighting forever to make sure that we give those next generations the freedom and that they don't have to concentrate on war so much and that they don't have to ship their children off to war and we don't have to welcome our troops back home in caskets. That is the sacrifice we are making, and we hope that we make that sacrifice so that the next generations can study the arts and the culture and all of those things.

With that, Mr. Speaker, I yield to the leader of that congressional delegation, **BILL SHUSTER**.

Mr. **SHUSTER**. I thank the gentleman, and I appreciate the gentleman talking about the meeting with other parliamentarians in some of the other countries that we visited, from the Czech Republic to Azerbaijan to Georgia. And one of the things all three of those countries have in common is they are really great allies of the United States of America. All of those countries contribute forces not only to Afghanistan but to Iraq.

Currently, they either have troops there or have troops just returning. And you look at a country like Azerbaijan, which lies in a rough neighborhood between Iran to the south and Russia to the north; Georgia sits on the Russian border and has had problems with Russia; but when those countries send their troops to fight shoulder to shoulder with the Americans, they have no caveats, which means that their troops are allowed to do whatever

the Americans, whatever the NATO forces need them to do, whether it's combat, whether it's Special Forces, whether it's supporting the NATO troops and the American troops in some other way. So it's really important that we, as Americans, know these countries and support what they do for us.

When people think and they hear that Georgia was to provide 900 troops to the effort in Afghanistan just recently, a lot of people would say, Well, that's not a very big force. But when you look that it's a country of about 4.5 million people, that would be the equivalent of the United States contributing 80,000 to 90,000 troops to the effort. So it's really a big contribution, and we owe a debt of gratitude to those countries that do that around the world.

□ 1910

As my colleagues have been talking about, we're honoring those nine that were killed last week in Afghanistan. And of the nine, as I said earlier, eight were in the U.S. Air Force, but one was a civilian, a contractor. That person was Lieutenant Colonel (Ret.) James McLaughlin, or as he was commonly known as "Jimmy Mac," was one of the nine.

James Aloysius McLaughlin, Jr. was born on June 16, 1955. He graduated from Drexel University with a bachelor of science degree and earned a master's degree in business administration from the University of Phoenix. Jim retired from the U.S. Army as a lieutenant colonel in 2007 after service in Iraq.

His civilian career included program manager, product marketing manager, and applications engineer manager with LEMO USA. Jim's most recent service was as a contractor with L3 Communications, MPRI Division, supporting the NATO Training Command mission in Kabul, Afghanistan. During that time, he was a senior mentor to both the Ministry of Defense and the Afghan Air Force. Jim held military and civilian ratings in both rotary and fixed wing aircraft. One of his passions was his ham radio, and he held a current amateur radio license. He had a network of fellow ham radio operators throughout the United States and the world.

James McLaughlin is survived by his wife, Sandra, and their three children, Adam, Eve and James, all of Santa Rosa, California.

All Americans should keep their families in our thoughts and our prayers and we give, again, a thank you not only to James McLaughlin for giving the ultimate sacrifice, but for his family that had to suffer this great, great loss.

Mr. **RICHMOND**. Thank you, Congressman **SHUSTER**.

With that, I will yield to Congressman **CHRIS MURPHY** so that he can again pay tribute to another one of our fallen American heroes.

Mr. **MURPHY** of Connecticut. Thank you, Representative **RICHMOND**. I know

we're joined on the floor by a few of our other colleagues here. I would just underscore the remarks of Representative **SHUSTER**. Although Americans clearly are carrying the burden of operations in Afghanistan, we do have partners there. And many of our partners increased their commitment to Afghanistan, as the United States did. Others have walked away and drawn down their commitment. But we are fortunate that we are not fighting this fight alone there, and that we do have partners. And I think it's important for us to remind Americans of that, but also remind many of our allies that this fight is an international fight because, though the most high-profile of terrorist attacks in this world were those on New York and Washington, D.C., and the fields of Pennsylvania, the next terrorist attack could be anywhere in this world. And our ability to push al Qaeda to the brink of extinction is a global effort, not just an American effort.

In addition to those that we've noted already, there was another airman who we memorialized that day, and I would like to just for a brief moment of time talk about Major Charles A. Ransom. Major Ransom was born in 1979. He attended the Virginia Military Institute, and he earned a baccalaureate of science in computer science. And he received his ROTC commission in the United States Air Force as a second lieutenant on the 18th of May, 2001. It was in that year that he deployed for the first time in support of Operation Enduring Freedom. Then in 2006 he deployed again in Turkey in support of Operations Enduring Freedom, Iraqi Freedom and Fundamental Justice. And then in 2009 he deployed to Baghdad, Iraq, in support of Operation Iraqi Freedom. Finally, in 2011 he deployed for the last time to Afghanistan in Operation Enduring Freedom.

He is survived by his mother and father, SGM (Ret.) Willie and Marysue Ransom, and his brother, Chief Petty Officer Stephen Randolph.

From those that talked about Major Ransom, they talked about what a tremendously important figure he was in our operations in Afghanistan. But his story and his background are not uncommon in two ways.

First, Major Ransom comes from a military family. Both his brother and his father have served and are retired from the armed services. And that's how it goes. This becomes a family occupation, a family passion. There are millions of families around this country who have the kind of commitment that the Ransom family did. And while we pay our respects to those individuals who served, we, frankly, have to remember that this is not just an individual commitment. This is not just an individual sacrifice; this is a family sacrifice, that the whole family serves, whether they are serving through brothers and sister and fathers and mothers who have been members of the military, or whether they simply serve

by picking up and doing a little bit more for their family while their loved one is away.

But he's also not unique in the fact that this was his fourth deployment. When we talk about the heroes from previous wars, they are no less heroes because they only served one or two tours. But there is something unique about the last 10 years in that there are more and more people like Major Ransom who have gone back, not just for a second time, not just for a third time, but in Major Ransom's case, for a fourth time.

He did it, and I can't speak for the reasons why he did it. But I imagine he did it because he knew of the importance of the work that he was doing. He knew that he didn't want to leave his men and women behind to do it on their own.

And unfortunately, Representative RICHMOND, Major Ransom didn't come back from his fourth deployment. But we owe him and his family, frankly, a degree of gratitude beyond words for their service and their sacrifice as an entire family.

Mr. RICHMOND. Thank you, Congressman MURPHY. I yield to the gentleman from Wisconsin.

Mr. DUFFY. I appreciate the gentleman from Louisiana for yielding. And I would echo the sentiment as stated by the gentleman from Connecticut. I think he's right. You look at the families and how they suffer when they lose one of their sons or daughters or fathers or mothers. It truly is felt. I think it was well said.

Just quickly, as we were on this trip, we had a chance not just to go to Afghanistan, but this bipartisan delegation had a chance to go see many of our great allies in the conflict in Afghanistan. We stopped over in Georgia and Azerbaijan and the Czech Republic. What I thought was so unique as I went to those countries was their unabashed support for American principles, not just American principles, human principles of freedom and liberty and prosperity.

And when we look around the world and people talk about America, oftentimes they pay us great lip service. They tell us they're our friend and they're supportive of what we're doing in the world. But oftentimes their actions don't meet their words. But you look at these three countries that we visited. They just don't express by word their support for what we do here in America, but they show their support. And they've shown that support most definitely by way of sending their troops to Afghanistan to fight for the freedom of those Afghans who want to see some form of democracy in their country.

Again, while we were in Afghanistan, we participated in a memorial ceremony for the nine Americans who were shot at the airport and were killed. I want to remember tonight Major Philip Ambard, one of those who lost his life last week in that attack. He was

born in Caracas, Venezuela, on the 4th of April, 1967. He lived in Venezuela until he was 12 years old, at which time he moved to America, and he was then living in Edmonds, Washington.

Now, he started his military career in 1985. He enlisted in the United States Air Force. With a stellar enlisted career, he rose to the rank of master sergeant. From there he attended night school, all the while raising a young family, and he obtained his bachelor's degree.

□ 1920

He was then selected to go to Officer Training School in 2000. He was given his most recent assignment as a foreign language professor at the Air Force Academy in Colorado Springs. He taught both Spanish and French.

As we've discussed here, the loss of one of our military men or women is felt throughout the family. Major Ambard was survived not only by his wife, Linda, but by his five children—Alexander, Timothy, Joshua, Patrick, and his daughter, Emily; by his mother and father; and by his sister, Diana.

I know, as they go into this week and into the coming months and years, they will mourn the loss of their father, their son, their brother, their husband. I just want Major Ambard's family to know that we are grateful for his service, that we are grateful for the sacrifice he made for his country, and that we are grateful to them for the sacrifice they are making, for they don't have their loved one at home with them tonight, sharing a meal, and they're not going to have Christmases and birthday parties together. That, most definitely, is a sacrifice they will feel for a lifetime. I am grateful for what he has done in paying the ultimate sacrifice for his country.

Mr. RICHMOND. Thank you, Congressman DUFFY.

With that, I would like to yield to the gentleman from New Jersey, another Member who took the time over the Easter break to go to Afghanistan to visit with our troops. He was certainly a rock star when he appeared on the base and stopped to sign a bunch of autographs. Of course, he was the only one who was asked for an autograph.

Mr. RUNYAN. I would like to thank the gentleman and also all of my colleagues for a great trip, for a really great factfinding trip. It was an opportunity to go over there in a bipartisan nature and to really learn about what our troops go through on a daily basis and about what they're doing for the Afghani people.

In the same light, it was also an opportunity to learn about some other allied nations we have because, when you boil all of this down, whether it's the Czechs, the Jordanians, the Afghans or the Azerbaijani people, we're all fighting for the same thing. We're all fighting for democracy, and we're all fighting for freedom. So it was truly an honor to go over there and to learn firsthand about everything that's going

on there. It was an opportunity to really go out and see what our guys go through on a daily basis.

Being put in a camp there in western Afghanistan and seeing the relationships and the support they're building with the Afghan people was tremendous. Building those friendships really allows our troops and all of our allied troops to go in there, to make friends with them and to help them defend their own country. No matter where we went on this trip, there was a sense of pride that everybody had in themselves, in their country and in their warfighters: that we were all out there, fighting for democracy and freedom.

When you talked to the troops, you could really see it in their eyes even when they asked the question: What is the end? When is the end? You looked at them and said, Well, the end is to give these people the opportunities that we have. The scary thing about it is a lot of the Afghani people don't understand what it is to live in a democracy, what it is to have freedom.

You could always see the twinkle in our troops' eyes when you said that to them because you could sense that some of them were thinking, Well, when is this going to be over? Then you just refresh their memory on what they're fighting for. They're fighting for our freedom. They're fighting for the freedom of other human beings. It was truly an honor to go over there and witness that and experience that and really just say "thanks" to all of them.

As my colleague said, I had somewhat of a rock star mentality over there. Everyone asked me, Can I get a picture? I can't give you enough time in the world for what you're doing for us and for what you're doing for other people around the world with the sacrifices you're making, and I say that on a day-in and day-out basis with every troop I ever meet with.

You go off into the villages, and you see a group of guys who are living together in a camp out there. That's all they have. They're brothers. You could see them all, and they were having beard growing contests throughout the camp. Some of them participated and some of them didn't, but they were taking a lot of pride in that type of stuff, and were just keeping that morale going. It was great to see because you knew what type of desperate situation they were in.

I think when we all got to that boot ceremony there at the end—and many of you have seen it before where there's the boots with the M16s stuck in the middle, with the dog tags wrapped around the weapon, and the helmet on top—it was a somber reminder of the cost of freedom and of the cost of democracy. I really want to, along with my colleagues, say "thank you" to everybody.

The one gentleman I do want to recognize is Major David L. Brodeur, whose call sign was actually "Klepto." Throughout the ceremony, they would call the guys by their call signs; and

when they went through the roll call and they kept calling these guys' names, the silence was deafening because they kept calling his name, and there was no one answering as they went through the whole company. I know quite a few of us were really brought to tears in that moment.

Major Brodeur was born on December 10, 1976. He was commissioned through the United States Air Force Academy in 1999 where he majored in political science.

After graduating pilot training in 2001, he was qualified as an F-16 pilot. He was then assigned to Shaw Air Force Base where he served as the Assistant Weapons Officer in his squadron. He next served at Luke Air Force Base as scheduler, flight commander and weapons instructor pilot. At his next assignment to Eielson Air Force Base, he was the Chief of Scheduling, an F-16 Aggressor Pilot, and the Chief of Aggressor Academics. Upon his deployment, he was assigned as Executive Officer to the 11th Air Force Commander at Elmendorf Air Force Base.

Major Brodeur deployed and served in Operation Iraqi Freedom, and was deployed in support of Operation Enduring Freedom as an Air Adviser to the Afghan Air Corps Command Center.

He is survived by his wife, Susan, by his son, David, Jr.—aged 3—and by his daughter, Elizabeth.

It is truly guys like him who make the difference, who are a big reason why people like myself, I really think, get involved in supporting these heroes and in making sure they're known. Yes, we've suffered a loss here, but the true people who have suffered the ultimate loss are his family. His children aren't going to have a father. Myself being a father of three, I realize that. I respect that. May God bless his soul, and may God bless his family. We thank him for his service.

Mr. RICHMOND. Thank you, Congressman RUNYAN.

I will now yield to the CODEL leader, Congressman BILL SHUSTER.

Mr. SHUSTER. I thank the gentleman from Louisiana for securing this hour for us to be able to talk about our experience in Afghanistan and, most importantly, for us to be able to talk about and honor the nine people who were killed in Afghanistan last week. As I mentioned earlier, it was the largest loss of life in the U.S. Air Force since the Khobar Towers.

□ 1930

As my colleague, Mr. RUNYAN, talked about the somber and powerful experience that we had there at this memorial service, at the ceremony, it was really something to be there. We got there at the last minute, and I think we all were very, very grateful to be able to participate in the ceremony.

Again, nine people were slain. We have already talked about the one that was not a military person but a contractor. He served in the military, but then came back to serve in Afghani-

stan as a contractor and tried to help develop and train the Afghan Air Force.

Another one of those members that gave the ultimate sacrifice is Lieutenant Colonel Frank D. Bryant, Jr. Lieutenant Bryant was born on August 13, 1973, from Knoxville, Tennessee.

His military career began when he entered the U.S. Air Force Academy in the summer of 1991. After graduating from the U.S. Air Force Academy in 1995 with a bachelor's degree in general engineering, Lieutenant Bryant was assigned at the Columbus Air Force Base initially as a student pilot and then as a T-37 instructor pilot. Lieutenant Colonel Bryant's next aircraft was an F-16.

In the F-16, he completed tours in Korea, Shaw Air Force Base, an exchange pilot with the UAE, and Luke Air Force Base. His last assignment was a CJCS Afghanistan-Pakistan Hand assigned to the 438th Air Expeditionary Wing in Kabul, Afghanistan.

During his career, Lieutenant Bryant earned the Bronze Star, the Purple Heart, Air Force Combat Action Medal, Defense Meritorious Service Medal, Air Medal with one oakleaf cluster, Air Force Commendation Medal with one oakleaf cluster, Air Force Achievement Medal, Joint Meritorious Unit Award, Air Force Outstanding Unit with Valor Device and two oakleaf clusters, Combat Readiness Medal, National Defense Medal, Global War of Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Korean Defense Service Medal, Afghan Campaign Medal, NATO Medal, Air Force Overseas Ribbon, Air Force Expeditionary Service Ribbon with gold border with one oakleaf cluster, and the Air Force Longevity Service with three oakleaf clusters, and, finally, the Air Force Training Ribbon. Somebody who served long and, obviously by all those medals, did a fabulous job serving the United States of America.

Lieutenant Bryant is survived by his wife, Janice; his son, Sean; his father, Frank D. Bryant, Sr.; and his mother, Patricia Bryant. We owe a deep debt of gratitude to his family and also to Colonel Bryant, for their service to this country, and of course for the ultimate sacrifice that Colonel Bryant gave for his Nation. I would encourage all Americans to remember Colonel Bryant and his family in their thoughts and their prayers.

Mr. RICHMOND. Thank you, Congressman SHUSTER.

I have the privilege to call upon another one of our colleagues who participated in the congressional delegation who has not had an opportunity to talk about one of our fallen soldiers, but I will tell you something about this Member of Congress. He, himself, has put his life on the line and served in our U.S. Air Force, and that is none other than Captain ADAM KINZINGER.

Mr. KINZINGER of Illinois. I thank the gentleman from Louisiana, and I thank him for setting this up.

One of the great things about when you talk about, just, in general, America and what we stand for, there is a lot of disagreement. But when it comes to supporting our troops, when it comes to what America stands for, there is no disagreement.

The gentleman from Louisiana and I have become great friends, and on this mission we got to really see what America stands for. And even though there are differences sometimes in where we should see foreign policy, and that is understandable and that is fine, there is no difference right now in supporting troops and supporting those who put their lives on the line.

As a military pilot, I never would expect to be in a situation where myself and scores of my brothers and sisters would be killed by a mad gunman walking into a room. That is something that I am sure these brave heroes that we are talking about never expected. But it happened. It was tragic. But they stood up and fought for their country, and in the process they lost their lives.

One of those brave heroes who lost his life is a fellow Illinoisan, Captain Nathan Nylander. Captain Nathan Nylander was born outside of Chicago, Illinois, and grew up in Illinois and Texas.

His military career began in August of 1994, with his enlistment in the United States Air Force. After completing basic military training and follow-on technical training in Texas, Florida, and Mississippi, he served as an enlisted weather forecaster, rising to the rank of technical sergeant.

His enlisted assignments include weather forecaster at Luke Air Force Base, Arizona, and Seoul, Republic of South Korea, and culminated as the Presidential Weather Forecaster at Camp David, Maryland.

In 2006, Captain Nylander did what few do: He earned his commission through Officer Training School, and ended as a distinguished graduate.

As a weather officer, Captain Nylander held positions as a weather flight commander at Joint Base Pearl Harbor-Hickam in Hawaii, and Davis-Monthan Air Force Base, Arizona. Captain Nylander was most recently assigned as the lead weather adviser for the Afghan Air Force with the 438th Air Expeditionary Advisory Group.

His awards include the Bronze Star Medal, Meritorious Service Medal, Air Force Commendation Medal with three oakleaf clusters, Joint Service Achievement Medal, and Air Force Achievement Medal.

He is survived by his wife, two sons, daughter, and his father and mother.

These brave heroes are an example of what is best about our country. And while we mourn their loss, we celebrate the freedom that they passed defending.

So I would say over the next couple of years as we go forward and we debate really big issues here in Washington and we have disagreement,

never forget that we are all Americans. That is the most important thing.

So to the nine heroes, and to those who gave their lives already, to those who continue to serve every day, let me just humbly say, on behalf of everybody in the United States Congress, on behalf of Americans, on behalf of a Republican and a Democrat standing here in the Chamber united on this: Thank you. Thank you for defending your country. Thank you for being an example for generations to come. We mourn for your loss, but now we celebrate the freedom that you defended.

Mr. RICHMOND. We have one or two more fallen heroes that we want to honor, and I want to make sure that people understand that this is just a short ceremony, but from the heart, for the 10 people that we had a chance to participate in their ceremony, and for Private First Class Jonathan Villanueva who was killed at the same time as Staff Sergeant Matthew Hermanson.

But I wanted to take a minute to talk about Master Sergeant Tara Brown.

She was born July 21, 1977. She began her military career in 1997, at the Kadena Air Force Base in Japan as an administrative clerk, quickly mastering her skills in communications and embracing a love of travel and adventure.

Master Sergeant Brown completed assignments to Germany, Turkey, Alaska, and Korea before taking charge in numerous high-level communications positions at Andrews Air Force Base right down the street.

Master Sergeant Brown's awards include the Bronze Star posthumously, Joint Service Commendation Medal, Air Force Commendation Medal with three oakleaf clusters, and the Air Force Achievement Medal with three oakleaf clusters.

She is survived by her husband, Ernest Brown; father, Jim Jacobs; mother, Gladys Verren; brother, Jim Jacobs, Jr.; and sister, Laguanda Jacobs.

□ 1940

Mr. Speaker, I will tell you that during this service, and when they talked about Master Sergeant Brown, they talked about her smile, they talked about her status as a newlywed, but, more than anything, they just talked about her love of service and the fact that she was willing to give it all.

So I wanted to make sure that as we continued we included Master Sergeant Tara Brown in our ceremony today, just to make sure that we don't forget any of our troops, that we had the privilege and the opportunity to participate in their service and on their day.

Mr. Speaker, I think that all of my colleagues, and I don't see them now, but I think all of my colleagues have exhausted their time in making sure that they honor all of our fallen soldiers. This was just one thing that we thought we wanted to do to show the

country that although we disagree on 20 or 30 percent of things in this body, and those 20 or 30 percent may be very gut-wrenching and they may be very divisive and we may differ on how we cut programs, but every difference in principle is not necessarily a difference in purpose and a difference in our ultimate goal, and that is to make sure that this country continues to be the best country on Earth.

So we as just a small part of this august body, and one that we are honored to be a part of, we are honored to serve with so many senior Members who have taken us under their wing to make sure they nurture us. Mr. Speaker, we can't thank you enough for that and we can't thank Congress and the American people enough for giving us the opportunity to go over to the conflict, to watch Afghans as they start to patrol their own area.

I will tell you, I am not sure if Congressman SHUSTER touched on it, but we had an opportunity to patrol with a group of Afghans and their elders. One of the elders that was over there was a very elderly man who was the commander of this police unit, and they were protecting the entrance into this city and they had their checkpoint.

While walking to the checkpoint, we saw a young man holding arms and protecting us as we walked, and we stopped to talk to him. Then they pointed out to us he lost his father and brother in a firefight just a week and a half ago while they were out patrolling. Then as we talked to him just for a few minutes longer, he talked to us about the vision of freedom, and he was all excited and his eyes were open very wide as he talked about why he was still patrolling after his father and his brother's funeral, which was the fact that he had a love for his country, for Afghanistan, but also because he felt an obligation because we had so many troops out there fighting and dying that we were joined at the hip, because this was a very important goal. And it is not just to bring freedom to us; it is to bring freedom to people all across this world.

Then as he was telling us that, he told us that just a couple of days before we got there that his daughter drowned in a creek in their little village. So we are talking about a very young man who had tragedy three times in his life who was still out there with his machine gun in the desert, in the heat, patrolling to make sure that this congressional delegation was safe, but also taking the time, and we watched him talk to school kids and other things.

But that is what makes this country great. And the thing that united us all was the fact that what makes this country great, we are inspiring other people so that they want to make their country and their town and their village great, just like America.

So you have people all across this world, and we can talk particularly about Afghanistan, because that is where we saw it, that were going above

and beyond, because they appreciated our effort to help them, and they were committed to helping themselves, and they said we are in it with you, and we are going to sacrifice our life and our limbs, just as those brave men and women in the United States are doing.

Mr. Speaker, I want to thank you for allowing us to have this time to talk about the people we lost, and I will just end with reading their names, because I think that we can't give them enough, because they made and paid the ultimate sacrifice so that we can have the freedom that we enjoy and others could have it. And they are: Lieutenant Colonel Frank D. Bryant, Jr.; Major David L. Brodeur; Major Philip D. Ambard; Major Raymond Estelle; Major Jeffrey O. Ausborn, "Oz," as they called him; Captain Charles A. Ransom; Captain Nathan J. Nylander; retired Lieutenant Colonel James A. McLaughlin; Technical Sergeant Tara R. Brown; Private First Class Jonathan Villanueva; and Staff Sergeant Matthew D. Hermanson.

Mr. Speaker, thank you, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GRAVES of Georgia). The Chair wants to thank the gentleman from Louisiana (Mr. RICHMOND) for this much-needed tribute. Thank you for recognizing those individuals, the defenders of liberty of this great Nation.

REASONS FOR HIGH ENERGY PRICES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the majority leader.

Mr. CARTER. Mr. Speaker, we just got off two weeks of working in our districts around this country. At least I held about 10 town hall meetings, and I am sure many of my colleagues held more. We talked about the debt, we talked about the deficit, but one of the things that almost every one of these town halls insisted upon talking about was the high price of gasoline.

Let's start with this first exhibit we have here. This just gives the comparison of what the gas prices were somewhere in the United States, I can't tell where. January of 2009: Unleaded, \$1.32; mid-range, \$1.42; super, \$1.52. Here is a picture taken in April of 2011: Regular, \$3.99; mid-range, \$4.09; the high powered stuff, \$4.19 a gallon.

Mr. Speaker, the only party that can be blamed for this, unfortunately, is the Democratic Party, through the leadership of Barack Obama, President of the United States, because a vicious combination of the Obama administration's moratorium on offshore drilling and the devaluation of the American dollar through the administration's quantitative easing have resulted in the highest seasonal gasoline prices in U.S. history.

We have reached a point where if we don't pay attention, we are going to

give up our ability to produce our own natural resources and be, as the President said to Brazil when he loaned them \$2 billion or more, “We will be glad to be good customers of yours when you find some oil out in the Gulf.”

Mr. Speaker, this is a broken energy policy. In fact, this is no energy policy at all. We are quite aware now that we have found substantial reserves that were unfound in the area of natural gas. In fact, there are those who report that the production of shale gas in the United States could result in us having enough natural gas to operate in this country for at least 100 to 150 years at present or projected usages, and yet we seem to have roadblocks thrown up in front of that production at every step.

We had a deep water accident, a terrible deep water accident, in the Gulf of Mexico. The President and the Energy Department put down a moratorium on drilling in the gulf, both deep water and shallow water. Even though the shallow water, they had had no massive oil leaks in the shallow water, it was included. So the Gulf of Mexico, one of the largest potential oil and gas fields in the world, was shut down for American production. Not for Chinese production, not for Brazilian production, not for anybody else who had an ability to make a deal with Cuba to get a lease offshore to drill, but for American production.

□ 1950

But he promised that after they got all of the cleanup done and after they examined what happened in the BP case, that they would lift the moratorium, and with a lot of outcry from the Gulf States, because for the first time, at least in the State of Texas, until the moratorium on drilling in the gulf, the State of Texas was looking pretty good on unemployment. We were still in the 6 percent range as the rest of the Nation was in the 10 percent range. But when you shut down potentially 250,000 jobs that relate to the drilling in the Gulf of Mexico, I don't know how many of those jobs are actually lost, but those were the ones at risk. And as a result of that and other factors, we're now up in the 8 percent unemployment range, which is still better than the rest of the country, but still a really direct cause of the moratorium in the gulf.

When the moratorium was lifted, they refused to issue permits. But first, because the Federal court told them to lift the moratorium, they lifted that moratorium and issued a new one the next day, or maybe 2 days later, which was, I would say, fairly much in contempt of the order of the Federal court in Louisiana. That Federal judge, in turn, made several comments about contempt of court. And so, finally, after years, the moratorium was lifted and another 6 months later, or 8 months later, a few permits were issued so that drilling could begin.

Remember this: Barack Obama, when he became President of the United

States, President Obama promised that he was going to open up offshore exploration and enhance nuclear energy. He's failed to do both. The only energy policy that he's dealt with is one that we certainly need to develop. And no one here doesn't want to seek alternatives that are economically viable to make this country run. This country is an energy-driven country. Just look at the lights in this room. Think of the amount of windmills it would take just to power up this room almost 24 hours a day. But we're for—and, in fact, I would say the great State of Texas has the largest wind farm in the entire United States.

So when it comes to energy, we don't shy away from any kind of energy in our State. We are an energy State. We have been producing oil and gas in the State of Texas for I guess close to a hundred years, clear back to Spindletop. We are not the experts, but we're as close to experts as you're going to run into because we've been doing it through generations of Americans.

I remember when I was 17 years old, my big desire was to go work on an oil rig because the great pay those people got paid. My daddy wanted me to keep all my fingers so he told me I couldn't do it. But I always wished I could. It is something we grow up with. We don't think oil and gas are evil products, and we don't think that they are the curse of this country. We think they are the primary clean power source in competition with other power sources of the petroleum age. We think we do a good job of producing clean energy—and energy, we think, that is the cause of the great modern expansion of American Government.

Remember, when we're talking about petroleum products, we're not just talking about power for your automobiles and power for your trucks and power for your power stations and all the other things that we use with oil and gas. We're talking about plastic, we're talking about lifesaving chemicals, we're talking about clothing. There's a list of a hundred different products—I can't even list them all—that have come from the production of petroleum. And now, for some reason, we have an administration that treats petroleum and treats petroleum products like natural gas as if they were some kind of horrible evil poison because of this issue which is unresolved of carbon dioxide.

So we are sitting here on the verge of something that will ultimately shut down our economy. I can tell you from personal experience, because my wife sent me to the grocery store three Sundays ago and one of the things on her list was avocados. And this is in Texas. We're pretty close to Mexico. We're pretty close to California. Two avocados cost a dollar and a quarter. The next week she sent me back to get two more and they were a dollar apiece. So I started watching those things, and holy cow, they have gone up three

times since that first purchase of avocados. And you wonder why. Maybe it's weather; maybe it's crop failure. Maybe it's the fact that the cost of energy is going up daily to power the fleet of trucks, to power the diesel-driven trains, to power the automobiles of America. As gas prices go up or diesel prices go up, so do the prices of food. And now the two inflationary prices that we see going forward are food and energy. This is serious stuff.

I'm very pleased to have a fellow Texan join me here today, BLAKE FARENTHOLD. He's a new Member from down on the Texas gulf coast in a city that grew up with petroleum surrounding it, Corpus Christi, Texas. I'm going to yield to my good friend, Mr. FARENTHOLD, whatever time he needs to talk about his views on energy.

Mr. FARENTHOLD. Thank you very much, Judge. I grew up in the oil and gas industry. My great grandfather, Rand Morgan, came to Corpus Christi after the Great Depression and was one of the pioneers in the oil and gas industry in the Saxet field by the Corpus Christi International Airport. We've been a farming ranch and an oil and gas family since before I was born, since before my father was born, and since before my grandmother was born. Rand Morgan was actually my great grandfather.

And we can tell you as landowners, as outdoorsmen, as hunters, and as fishermen, the oil and gas industry is a clean industry. The men and women who work in the oil and gas industry are committed to the environment. The landowners whose land is used for domestic oil and gas production are committed to making sure the oil and gas companies do a good job and keep their land in great shape.

You talk about offshore, too. Corpus Christi is the home to some of the largest fabricators of offshore oil and gas equipment in the world. Port of Brownsville has several industries building and refurbishing offshore oil and gas. And our fishermen love the offshore oil and gas rigs. They're artificial reefs. They're where you go to fish—not fishing for sport, but fishing for the fish you're going to take home and fry and eat. They're clean and they're great for the environment.

And we had a horrible accident with the BP well. Our beaches in some parts of the country suffered with some contamination. I think it's the second time I remember that happening in my lifetime. The first time it happened, there was a blowout of a well in the Gulf of Mexico operated by the state-run oil and gas company of Mexico. Not a whole lot happened with that one. We had tar balls coming up on the beaches of Corpus Christi. It was an annoyance, but we took some wipes and you wiped your feet off after you got off the beach so you didn't get it on the carpet or your cars.

But what we've done now as a result of the BP blowout is we've shut down the oil and gas industry—the American

oil and gas industry in the Gulf of Mexico while the Chinese, the Brazilians, and the Mexicans continue to drill in the Gulf of Mexico. And there's not a thing in the world we can do to stop them or regulate how they do it.

Instead, we're penalizing our oil and gas companies in the United States. We're decreasing production that's available to fuel our cars, to power our electrical generating plants, and to create the hundreds of products that rely on oil and gas. Our focus is wrong. We should be looking at ways to increase production and increase safety and increase our ability to respond in the event there is another accident.

We need to be training the Coast Guard. We need to be training our industry personnel. We need to be developing the technology to contain it and to protect our beaches from oil and gas spills that may happen as a result of the activities of any country in the world. We have the opportunity to be the technological leaders in this and get our domestic oil and gas industry back on track and get the price of gasoline back down to reasonable levels.

We're getting to \$4 and \$5 a gallon of gasoline. That doesn't just ruin your summer vacation. It starts to ruin your life. You can cut down on driving, you can take the bus, you can take public transportation. But those avocados Judge CARTER was talking about, they can't. They have got to get to your grocery store in a truck. Every good or service that you use or buy is affected by the price of oil and gas. It's going to run the price of everything up. We have got to get this under control, and we have got to exploit our domestic energy sources.

I agree with Judge CARTER, Texas is the leader in wind farms. It's a beautiful sight as I drive down Ocean Drive in Corpus Christi, looking across the bay at the windmills across over by Sinton, Taft, and Portland. That's the future. But you can't put a windmill on a car. You have got to have oil and gas to run your cars.

Now, we can get into a discussion about we probably need to be focused on getting cars working on natural gas as a more cost-effective way to do it. We've got a great abundance of natural gas, but we have got to get rid of the moratorium—the de facto moratorium that is crippling the oil and gas industry in the Gulf of Mexico. It's running prices up. It's costing us jobs in Texas.

I want to talk just for a second, if you don't mind, Judge CARTER, about the portrayal of the oil and gas industry as being an evil industry. It's real easy to talk about these big corporations, big oil and gas producers like Exxon and BP. I have got two things to say about that. First of all, I imagine if you have got a retirement plan or pension, you're an owner of one of these oil and gas companies. Your pension plan, your mutual fund, they're all investors in these companies. But that being said, really the bulk of the oil and gas are produced by small busi-

nesses, by independent operators who are one, two, three, five, 10, 20-man operations that take a chance, go out there and explore and drill.

□ 2000

And every time they find a prospect, they go out there and raise some money. They put their money on the line. And they are on the line. If they drill a dry hole, they're going to have to struggle to get their next paycheck.

But this is the entrepreneurial spirit that built America. These men and women are not evil. They are our neighbors. They're concerned about the environment. They're concerned about this country. And they want the price of gasoline that you put in your car to be reasonable.

They're not profit gouging. We can show charts about how the price of gas is going up and why it's going up, but it's not that hard a question to look at. If you took a middle school government class and you studied economics and finance, you learned about something called supply and demand. And supply, especially in this country, is down because we can't drill and produce offshore. We can't drill and produce in massive areas of land that's controlled by the Federal Government. And we've got a regulatory scheme that's looking at making new technologies to produce energy that's more expensive and possibly illegal. So the supply is down.

Then you look across the globe at our competitors—China, India, Korea. All of these countries are seeing newfound wealth. The old movies where the Chinese would ride around on bicycles, that's not the way it is in Beijing anymore. The Chinese are driving cars. Their factories are using oil and gas, and they're competing in the international market for that oil and gas.

Our national security, our economic security, and our very freedom lies in exploring, finding, and producing our domestic energy resources. That's the way we're going to keep America free. That's the way we're going to keep the costs of our goods and services down. And that's the way we're going to keep the price of gasoline in check.

Thank you, Judge.

Mr. CARTER. I thank the gentleman.

And reclaiming my time, as an expansion of what you just said, let's talk about some of the things that the Democrats in this House and the President have talked about as the solution to the high price of gasoline. And that is they're going to cut the tax breaks for the oil producers, and they named Chevron, Exxon, BP—what they call the majors. They're going to cut those tax breaks. Therefore, they're going to make sure that those billion dollars worth of profit are not going to be there because they're going to reduce these tax breaks they have given, which they say are billions of dollars.

Well, let's just stop and look at what these tax breaks are about. All the oil and gas produced offshore in other

countries is not subject to American taxation, and that's where the majors now produce somewhere between 80 and 90 percent of all their production. In fact, those drilling inside the continental United States, almost all those people drilling shallow water offshore and a few of those people drilling deep-water offshore, none of those people are majors. They're all from, as you were talking about, the entrepreneurial spirit of the wildcatter and the small producer who is going out in an attempt to expand domestic production. By the way, they're the only ones that take advantage of any tax breaks that are there, and they're not billion dollar companies that we use as examples.

So the cuts, the way I understand it, are not even going to affect ExxonMobil or affect Chevron or these big producers from overseas because those tax breaks don't pertain to that production. They only pertain to production in the United States. And those are done by independents. Almost the vast majority are done by independents.

So the only people that get hurt again by the tax policies of the Barack Obama administration are the small business men. Just like everything we see coming down the pike at us seems to be targeted at the small, independent entrepreneur who is trying to make it go.

So don't be misled to think that the majors, where we see all these massive amounts of money they're making, are the targets that are really going to be hit by the shot that our colleagues on the Democrat side of the aisle have proposed that we should take in getting rid of, as they call them, subsidies, which are really tax breaks, to the producers of domestic production.

By the way, all production offshore, they've shut it down. Just recently, Shell Oil Company, after dumping a couple of billion dollars in an offshore operation off the coast of Alaska, pulled out completely because, before they could even get started, after dumping a couple of billion dollars, with a "b," into that production field out there, the EPA came in with more and more stops and stop orders and other things, and they finally threw up their hands and said, We're going someplace else. We're not drilling in American waters anymore. It's not worth it.

So right now where we know we have production for oil and gas, we have an administration that is fighting that production tooth and nail. This has cost jobs in the industry, as we pointed out. This has made our dependence on foreign oil bigger.

Here's the skyrocketing price of the Obama administration since he's been in office. Here is another chart that shows you the offshore field production of crude oil, thousands of barrels per day. And look at this. This is where that production was: 250,000 barrels up to 400,000 barrels; down again, and I guess that was in 1999 during the Clinton administration that it went down;

and back up in the Bush administration. The end of the Bush administration, down to 100,000 barrels of offshore production today. From 400,000 to 100,000 since the Obama administration.

Nobody can argue that the Obama administration is anything but violently opposed to the oil and gas industry. And they are doing everything they can to throw big roadblocks in front of production.

Then you wonder why the speculators are saying the price of a barrel of oil is going up. Because they're speculating. Do you know how many millions of gallons of aviation fuel a company like American Airlines or United Airlines or Continental Airlines, any of these major airlines, burn every week? Do you know what they have to do in order to stay ahead of increasing prices on fuel? They have to speculate on futures on the cost of fuel. And I'm not blaming the airlines. There are plenty of other people that are speculating because they say, Let's see, what's going on in the world? We're finishing up a war in Iraq, which is one of the major producers, but it's been out of the market for years and is barely getting back in. We're sitting here with a moratorium on all the offshore domestic production. We're not opening up any Federal lands for production anywhere in this country. The Obama administration has shut down the leasing practices on any public lands.

By the way, Texas is the only State in the Union that didn't turn their public lands over to the Federal Government. But the rest of the country, in areas like Idaho, Utah, we know there's production up there, up in Wyoming, up in Montana—all that stuff that the Canadians are now producing across the border, the fields on our side of the border are being curtailed by the administration. They just don't want to produce oil. They just want to buy it from foreign sources.

And about these foreign sources, the people who study the market say, My gosh, Libya is not available anymore; Iraq's not available, and what happens if we've got no production at home?

□ 2010

The market looks shaky. We better buy futures on oil. And guess what, the price goes up. Doesn't take a rocket scientist to say they see a shortage coming down the pike, that competing with India and China, two of the biggest competitors we've got for any kind of energy that's out there, and then we're going to sit here and we're not going to buy the chance to buy fuel at a cheaper price now than what it might be 6 months down the road? Of course, speculators are going to do that. Of course, industry is going to do that.

So as my friend, BLAKE, was pointing out, the lack of production, the lack of faith in what this government is going to do to this industry, and the fear that the shutdown will be complete, it just

sets up any situation for the price to go up. When the price goes up, then the price of gasoline goes up; and by the way, if you either add more taxes to the cost of the oil production or you take away the tax breaks for oil production, who do you think's going to pay that increase in cost for the oil industry? Well, I will tell you. It's going to be the guys and the gals that are filling their cars up with gasoline at the pump.

To the extent that any business has an increase in cost of their production, they do the very best they can to pass that cost on to the consumer. That's the way any company whether it's steel, whether it's widgets, whether it's buggy whips, whatever it is that you do produce, if your cost goes up, the manufacturer passes on, to the extent that he can and still stay within the price limits that are set not by the government but by the demand of the consumer, then the price goes up.

So you're not going to lower prices by taking away subsidies to the oil and gas industry. The only thing you can do is raise prices. They don't want more prices to discourage production. That's ridiculous. If you have the law of supply and demand and we've got a short supply and you are discouraging production, the price is going up. You learned that in the eighth grade, as BLAKE pointed out. This is not hard stuff. This is easy stuff to figure out. Sometimes I think some of these folks that don't understand the oil business, the only oil they know is what's on the end of their dipstick in the crank case.

But the facts are this product is a major product of the modern society of the American public, and I think the American public knows it, and I don't think they're going to get fooled by demagoguery on these prices.

Does my colleague wish to have more comments?

Mr. FARENTHOLD. If you don't mind, Judge. I wanted to reiterate what you were saying. You know, demonizing the speculators isn't the way to do it. The speculators are the users. They're the airlines. If you want to double what your vacation is going to cost, you take away the airline's ability to hedge their fuel prices, and you know what, if you want to stick it to the speculators, let's open the spigot and those guys betting on higher prices, they are in trouble. They're going to lose some money on that. So I just wanted to definitely reiterate that fact.

And, you know, if you take a look at what this Nation's policy is today on the oil and gas industry, if you were trying to concoct a way to run up gasoline prices, you probably couldn't come up with a better way to do it than we're doing now. It is like we are intentionally trying to raise oil prices. We're limiting production. We're making production more expensive. We're using a regulatory agency to make it more difficult to drill. We're not leasing any of our land. If somebody had

come to my office and said, BLAKE, how can we make gasoline more expensive, I'd list out exactly what the executive branch and the Federal agencies, the regulatory agencies are doing. I can't think of a way to run the prices up that they haven't.

If, as we're hearing, the President's goal is to get prices down, the eighth grade is the answer. Increase the supply. That's all it takes. And it's easy to increase the supply. Sure, we can't flip a switch and do it overnight; but in a matter of months, as we open up Federal lands for leasing, as we open the gulf, as we get the permitting process under control, those prices will turn around, and they will go down.

Helping the oil and gas industry lower prices does not mean we abandon alternative energy. All of the above is the answer. I think some people on the other side of this aisle and in other offices in this town believe that it's either/or. Let's strangle the oil and gas companies so our friends in the alternative energy can thrive.

It's not like that. The energy demands of a modern world are such that all-of-the-above is a correct answer. Wind, solar, safe nuclear, and a strong reliance on natural gas that is in the ground in supplies just 5 years ago we couldn't have imagined with the breakthroughs in technology for producing shale gas, coal.

There's no one answer. Every watt of electricity, every BTU, everything we do lowers the cost and raises the standard of living of everybody here and abroad.

I am sick and tired of less, less, less, either/or. This is the United States of America. This is the 21st century. Yes, we can, we can have it all, and we start at the pump.

Thank you, Judge.

Mr. CARTER. There are consequences to any action that you take in this town.

I wanted to point out something I said in a committee hearing one time when we were having this debate. I said those people who want to do away with oil and gas and have a wind industry as the solution better strap a sail on their Volkswagen and hope the wind is blowing towards Washington, or tomorrow morning we're going to have a severe employment shortage in the U.S. Capitol; but, seriously, it's more than that.

Look at this quote from the Heritage Foundation. How many jobs does the anti-drilling agenda of this administration cost? The cost in jobs is startling. A new analysis by Louisiana State University Professor Joseph Mason projects national job losses at 19,000 from the drilling moratorium with wage losses at \$1.1 billion. About one-third of those jobs are located outside the gulf region.

So not only did the people in the gulf lose jobs and do they continue to lose jobs, but these jobs, believe me, there is somebody somewhere within a hundred-mile radius of where we are right now that is producing something that

goes into the production of oil and gas because it is a nationwide and a worldwide industry. And all of the machinery, and all of the other complicated gauges and all the modernization of the production of petroleum, all of that is far beyond just the State of Texas and Louisiana and the other Gulf States. It actually circumvents the whole globe.

So jobs is another important reason why we have got to do something about this whole concept that this administration seems to have that we are evil because we produce oil and gas; and yet, guess what, States that were criticizing us for production of natural gas 2 years ago are dancing around campfires in their States now that they learned they've got shale oil in their States and some of our Midwest and eastern friends seem to all of the sudden be really excited about the fact that they've discovered they've got shale gas beneath their land and they can produce good, clean natural gas.

□ 2020

I say, more power to them. And I hope they can, and I hope their States and this Federal Government don't throw up roadblocks to the production of that shale gas because it is safe. This fear of fracking is a hoax because we have been doing fracking in the oil industry for 50 years. It's just amazing how all of a sudden a process that is almost normal to production, to get the second round of production out of almost any oil well that was drilled in Texas is using some form of H₂O fracking, water fracking, to get that second round of production out of a well. And people rework and rework and rework existing wells with all types of processes like fracking. Fracturing is what that means.

But are there solutions that can bring the price of oil and gas down? Yes, I think there are.

Here is one that my good friend DOC HASTINGS has proposed: reversing President Obama's offshore moratorium, establishing a national domestic oil and natural gas offshore production goal to ensure a continued development of America's offshore energy sources. That's H.R. 1231. Hopefully, we are going to have that bill on the floor of the House this week or next week. This is important. This is showing real leadership in real energy production. And you see, nothing on there says let's shut down windmill production or let's shut down solar production or let's shut down nuclear production or hydroelectric or anything else. It's saying, let's produce energy in the form of petroleum products.

Another real gas price solution, Restarting American Offshore Leasing Now, H.R. 1230, DOC HASTINGS again. Require the sale of specific offshore leases within set time limits instead of continued administration delays. It is proposed: central gulf leases in the Gulf of Mexico within 4 months, western gulf within 8 months, offshore Virginia within 1 year, additional central

Gulf of Mexico by June 1, 2012. This bill sets out a road map to leasing for production in what we consider our Gulf of Mexico.

You know, when it comes to producing products offshore, the first place it ever happened was offshore Texas. And we have considered that gulf to be sort of our little saltwater lake out there ever since. That's not exactly true. In fact, it's not true at all. But the point is, to stop the production that's been going on in the gulf, oh, since I was a small child—and I am no young whipper snapper—well, this starts us back to doing what we do well, producing offshore.

Another DOC HASTINGS bill: this is one, Putting the Gulf of Mexico Back to Work, requiring new safety permits to prevent and combat blowouts before drilling. No one in the industry—and I have talked to literally hundreds of people from the industry—everybody agrees. They were very proud of the fact that until the BP oil spill, oil spills looked like they were going to be a thing of the far ancient past because that Mexico blowout was, what, 20-something years old.

Mr. FARENTHOLD. I was a child.

Mr. CARTER. It would require the Secretary to decide on issuing a permit within 30 days of the application with two 15-day extensions possibly being allowed and provide drilling companies with speedy Fifth Circuit Court access if the government violates the law in denying or ignoring the permitting process.

Those are good solutions because not only does it set a standard that the Congress should impose upon the Secretary. In addition, it gives a recourse, the kind of recourse we're supposed to have on these issues of whether or not to drill, and that is to go to the courthouse and let the justice system prevail. So let's go to the Fifth Circuit, who has already spoken once, pretty loudly, and let them speak again.

There is one more that I don't seem to have and that is, we need to open up the leasing for our public lands in the West. The States of Utah and Idaho and Wyoming and Montana, we are well aware and are very knowledgeable about the amount of a certain kind of heavy petroleum that is available in those areas, North Dakota, probably South Dakota. We are already finding a lot in North Dakota.

But all of a sudden, it too is struggling to get permits to continue to drill on federally owned public land. And let's always remember those words "public land." It's not the U.S. Government's land. The U.S. Government is holding it for the American public. And if we need to lower our prices and have efficient production, we should go where the oil is.

I had one of my colleagues one day who said, I don't know why you Texans always just want to drill anywhere. If you want to drill, why don't you just drill in your own backyard where you have a say about it? Well, if there was

oil down beneath my backyard, you could bet your soul I would drill back there in a heartbeat because I am not worried about—in fact, I would be glad to cut the grass around a producing oil well all day long in my backyard. It won't hurt my feelings at all. And I don't think anybody that knows anything about the industry would feel any way other than that.

It's almost a comment on the industry. When you pull out of Dallas/Fort Worth Airport, the DFW Airport, at the entrance, right to your right is a pumping oil and gas well that was drilled within the last 3 years. Right there, practically downtown Dallas, because they have discovered a field out their way. So we know it can be done and done safely. We have to get on it.

The New York Times—certainly not any bastion of conservative values—has a little article here: U.S. consumer prices are up 5 percent, pushed mainly by food and gas. They will reaffirm they are going to finish quantitative easing—that's this dollar thing I was talking about—but the central bank would remain concerned about the inflation expectation of consumers who would demand higher wages for businesses. And it could raise prices and perhaps cut spending.

What that's all about is, one of the price gauging things that you got that they are accusing the industry of doing is the fact that we have dumped trillions of dollars into our economy for this quantitative easing of the economy.

You know, as you've heard from this very House floor, is how much this body has spent in stimulus and in TARP and in other things in the last couple of years, trillions and trillions of dollars. More money has this organization spent, the Congress of the United States, signed by the President, than in the history of the country. And yet besides that, our Treasury has been printing money to supposedly ease the economy; and they are literally putting more dollars in circulation which, in turn, devalues the value of the American dollar.

When the value of the American dollar goes down, the price goes up because an apple has a worth. There is a worth, a cost to that apple, and there is a value to that apple on the market. And if the value before we dumped cash into the system was \$2, and you dump all this, then it will be \$3 or maybe \$4, not because the apple's changed but because the dollar's changed, and the dollar is worth less.

Why do you think—and by the way, nobody goes to Mexico in Texas anymore. But if you did, and you went across the border, like some idiot who got shot by the terrorists over there—but if you did, you would find that they won't even take American dollars in border towns anymore in Mexico. This was written up in some of the border papers. The American dollar is not wanted in Mexico because they are concerned about it losing its value. It used

to be the peso that we worried about losing its value. Something has gone haywire.

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But as we devalue our dollar and we create a shortage of our gas and oil, it's no surprise at all that the byproducts of those two products, which is gasoline and diesel, is going up. And it has gone up. And if we don't do something about getting back into domestic production, it's going to go up some more.

And if the world perceives that the greatest consumer of energy on this Earth is going to have a huge demand when the supply goes down, and they've bought futures on that supply, they're going to get rich. That's not the oil companies we're talking about; that's the people who speculate and the people who cover their energy needs. And by the way, these same speculators are buying futures on oil and gas from China, from Russia, from India, and from other people and from Western Europe to compete for the world market.

We have the golden opportunity to at least produce what we can produce. And I'm not in any way cutting down any other energy source. I'm saying all of the above is the solution. But drilling anywhere that it is effective, and drilling now is the important thing.

And those people who think that anywhere you stick an oil well down there's oil just don't understand oil. They think there's natural gas under any ground; they just don't understand natural gas. And by the way, when Blake was talking about these independents that drill an oil well, the average cost of an oil well that is not that deep is about a million bucks. So when you go out and gamble \$1 million and come up dry, and you have to drill another well and gamble another million dollars, you know, these guys are the true entrepreneurs of this country, and they can lose their shirt and then get lucky and find an oil well and get their shirt back, but that's the world they live in.

That's the world of exploration for energy. And we're not ashamed of it. We're proud of it. We're proud that we still have people who are willing to take the risks that it takes to prosper in America. Our economy, our world of commerce in this country is built upon the risk takers. It's those who invest their capital and their labor into trying to produce a product and how they, between those two, they have some successes and they live through their failures. And, unfortunately, we've become a world that thinks anybody that slips up on any form or fashion, we need to bail them out. I've got problems with that.

Finally, another newspaper article. The Examiner says: oil imports spike as Obama oil ban decreases domestic production. This was April 29, 2011. This isn't very far past. While oil production in the gulf is down more than

10 percent from April 2010, it estimates net crude oil imports are up by 5 percent. More imported oil also means higher prices at the pumps. So direct result of the actions of the Obama administration.

We have the price of oil going up. So tomorrow morning, when you go out there and you fill up whatever you're driving, whether it's a SmartCar or a hybrid that runs on both electricity and gasoline, or whether you're filling up your Suburban, you know, we've got fleets of Suburbans in this town. This is supposed to be the conservation capital of the world. Look around Washington, D.C. There's a black Suburban on every corner. Sometimes a whole parade of black Suburbans goes by. Not picking on Suburbans. I've owned five of them. Good cars, but they burn a lot of gas. And you fill one up you'd better have a pretty good size pocket because you fill up an empty Suburban at \$5 a gallon gasoline and you're going to need a bank loan because that sucker will take \$100-something to fill that thing up.

And that's the consequences of trying to curtail one industry to enhance another. And that's not the way Americans are supposed to operate. Let's take our going concern and keep it going, and let's build up these alternative energies, and when they are competitive in the world market, turn them loose, stop subsidizing everybody and let them compete. And may God bless every one of them. That's the way Americans are supposed to operate.

Until we get back to operating that way, we're going to find ourselves in this up-and-down world of shortages. And we're going to find ourselves also in a final world of unemployment because since this recession, there's only one place on Earth in the U.S. where jobs are increasing, and that's right here where we're standing. Federal employment is up 11.7 percent, and the private economy is down 6.1 percent. These are changes of employment since 2007.

So the only people creating jobs are Federal jobs. And I would argue that's not the way it's supposed to work. It's all part of a policy which is misdirected. And I would say, because they don't understand the nature of the industries they're dealing with and they really don't realize how many BTUs of energy it takes to run these lights in this building, but it's a ton of them. And I could tell you, my daddy sold natural gas for 40 years of his life, and he sold it cheap. If he was alive today, he'd crawl out of his grave. If he knew about the price today, he'd crawl out of his grave and start selling natural gas. But that price has been driven up by the demand.

We've got this resource. This resource, we can use it cleanly. We can protect our environment. We can live a good life, and we can live the American Dream. But you can't do it by trying to kill one industry to enhance another. And I would argue that that is what

we've been doing under the Obama administration. And I have a fervent hope that they see the light and back off and let us go back into production of oil and gas and the other natural resources of this great Nation so that we can maintain our status as the best country on Earth and the best country that cares about the average guy and tries to keep prices affordable to the average guy.

The price gouging that they are accusing of is nothing more than a misinterpretation of the law of supply and demand. And that misinterpretation is hurting the little man in America. It's time to change the policy, and let's all hope and pray that this administration wakes up to many things, but this is one of them. And if they'll wake up to an energy policy that makes sense, we will see the future bright.

Mr. Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GRIFFIN of Arkansas (at the request of Mr. CANTOR) for May 2 on account of airline flight delays.

ADJOURNMENT

Mr. CARTER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 38 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, May 4, 2011, at 10 a.m. for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

1363. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Flubendiamide; Pesticide Tolerances [EPA-HQ-OPP-2007-0099; FRL-8863-8] received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1364. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — *Aspergillus flavus* AF36; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2010-0101; FRL-8868-7] received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1365. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Hexythiazox; Pesticide Tolerances [EPA-HQ-OPP-2009-0325; FRL-8868-6] received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1366. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Ethiprole; Pesticide Tolerances [EPA-HQ-OPP-2009-0493; FRL-8863-1]

received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

1367. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket ID: FEMA-2010-0003] received April 5, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

1368. A letter from the Legal Information Assistant, Department of the Treasury, transmitting the Department's final rule — Personal Transaction in Securities [Docket ID: OTS-2007-0010] (RIN: 1550-AC16) received April 5, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

1369. A letter from the Deputy to the Chairman for External Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's final rule — Deposit Insurance Regulations; Unlimited Coverage for Noninterest-Bearing Transaction Accounts; Inclusion of Interest on Lawyers Trust Accounts (RIN: 3064-AD37) received April 5, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

1370. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Hazardous Waste Management System Identification and Listing of Hazardous Waste; Final Exclusion [EPA-R03-RCRA-2010-0132; FRL-9285-7] received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1371. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Prevention of Significant Deterioration (PSD) and Nonattainment New Source Review (NSR): Reconsideration of Inclusion of Fugitive Emissions; Interim Rule; Stay and Revisions [EPA-HQ-OAR-2004-0014; FRL-9280-8] (RIN: 2060-AQ73) received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1372. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, San Joaquin Valley Unified Air Pollution Control District [EPA-R09-OAR-2010-0794; FRL-9297-2] received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1373. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Gila River Indian Community's Tribal Implementation Plan [EPA-R09-OAR-2007-0296; FRL-9259-9] received March 22, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1374. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Ohio; Volatile Organic Compound Emission Control Measures for Lithographic and Letterpress Printing in Cleveland [EPA-R05-OAR-2010-0259; FRL-9285-4] received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1375. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans: Alabama: Final Disapproval of Revisions to the Visible Emissions Rule [EPA-R04-OAR-2005-AL-0002-201047; FRL-9290-3] received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1376. A letter from the Director, Regulatory Management Division, Environmental

Protection Agency, transmitting the Agency's final rule — Clean Alternative Fuel Vehicle and Engine Conversions [EPA-HQ-OAR-2009-0299; FRL-9289-7] (RIN: 2060-AP64) received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1377. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — LAND DISPOSAL RESTRICTIONS: Site-Specific Treatment Variance for Hazardous Selenium-Bearing Waste Treated by U.S. Ecology Nevada in Beatty, NV and Withdrawal of Site-Specific Treatment Variance for Hazardous Selenium-Bearing Waste Issued to Chemical Waste Management in Kettleman Hills, CA [EPA-HQ-RCRA-2010-0851; FRL-9290-6] received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1378. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Emission Standards for Hazardous Air Pollutant Emissions: Group I Polymers and Resins; Marine Tank Vessel Loading Operations; Pharmaceuticals Production; and The Printing and Publishing Industry [EPA-HQ-OAR-2010-0600; FRL-9291-3] (RIN: 2060-AO91) received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1379. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Oklahoma: Final Authorization of State Hazardous Waste Management Program Revision [EPA-R06-RCRA-2010-0307; FRL-9291-1] received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1380. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Standards of Performance for New Stationary Sources and Emissions Guidelines for Existing Sources; Hospital/Medical/Infectious Waste Incinerators [EPA-HQ-OAR-2006-0534; FRL-9289-6] (RIN: 2060-AQ24) received April 4, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

1381. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Allegheny River, Pittsburgh, PA [Docket No.: USCG-2010-1082] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1382. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; 23rd Annual North American International Auto Show, Detroit River, Detroit, MI [Docket No.: USCG-2010-1133] (RIN: 1625-AA87) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1383. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Regulated Navigation Area; Reporting Requirements for Barges Loaded With Certain Dangerous Cargoes, Inland Rivers, Eighth Coast Guard District; Stay (Suspension) [USCG-2010-1115] (RIN: 1625-AA11) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1384. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Traffic Separation Schemes: In the approaches to Portland, ME; in the approaches to Boston, MA; in the approaches to Narragansett Bay, RI and Buzzards Bay, MA; in the approaches

to Chesapeake Bay, VA, and in the approaches to the Cape Fear River, NC [Docket No.: USCG-2010-0718] (RIN: 1625-AB55) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1385. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Notice of Arrival on the Outer Continental Shelf [Docket No.: USCG-2008-1088] (RIN: 1625-AB28) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1386. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Security Zone, Michoud Slip Position 30 degrees 0'34.2"N, 89 degrees 55'40.7" W to Position 30 degrees 0'29.5" N, 89 degrees 55'52.6" W [Docket No.: USCG-2010-1087] (RIN: 1625-AA87) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1387. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; New Year's Celebration for the City of San Francisco, Fireworks Display, San Francisco, CA [Docket No.: USCG-2010-1108] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1388. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Beaufort River/Atlantic Intracoastal Waterway, Beaufort, SC [Docket No.: USCG-2010-0995] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1389. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Ice Conditions for the Baltimore Captain of Port Zone [Docket No.: USCG-2010-1136] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1390. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; 500 yards North and South, bank to bank, of position 29 degrees 48.77'N 091 degrees 33.02'W, Charenton Drainage and Navigation Canal, St. Mary Parish, LA [Docket No.: USCG-2010-1120] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1391. A letter from the Attorney Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone; Underwater Hazard, Gravesend Bay, Brooklyn, NY [Docket No.: USCG-2010-1126] (RIN: 1625-AA00) received March 23, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

1392. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Examination of returns and claims for refund, credit or abatement; determination of correct tax liability (Rev. Proc. 2011-29) received April 12, 2011, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. ROGERS of Michigan: Permanent Select Committee on Intelligence. H.R. 754. A bill to authorize appropriations for fiscal year 2011 for intelligence and intelligence-related activities of the United States Government, the Community Management Account, and the Central Intelligence Agency Retirement and Disability System, and for other purposes; with an amendment (Rept. 112-72). Referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. STARK (for himself, Mr. FILNER, Ms. MOORE, Mr. JACKSON of Illinois, Ms. CHU, Ms. BERKLEY, Mr. QUIGLEY, Ms. TSONGAS, Mr. WAXMAN, Mr. SERRANO, Mr. SABLAN, Mr. HASTINGS of Florida, Mr. ELLISON, Mrs. DAVIS of California, Mr. OLVER, Ms. LEE of California, Mr. WU, Mr. POLIS, Mr. GRIJALVA, Mr. LEWIS of Georgia, Mr. HINCHEY, Mr. GUTIERREZ, Mr. ROTHMAN of New Jersey, Ms. RICHARDSON, Ms. NORTON, Ms. MATSUI, Mr. MORAN, Ms. BALDWIN, Ms. ESHOO, Mr. NADLER, Ms. DELAURO, Mr. MCDERMOTT, Mr. MCGOVERN, Ms. PINGREE of Maine, and Mr. WEINER):

H.R. 1681. A bill to prohibit discrimination in adoption or foster care placements based on the sexual orientation, gender identity, or marital status of any prospective adoptive or foster parent, or the sexual orientation or gender identity of the child involved; to the Committee on Ways and Means.

By Mr. ROSS of Arkansas:

H.R. 1682. A bill to promote alternative and renewable fuels and domestic energy production, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GINGREY of Georgia (for himself, Mrs. McMORRIS RODGERS, Mr. UPTON, Mr. PITTS, Mr. HARPER, and Mr. LANCE):

H.R. 1683. A bill to restore the long-standing partnership between States and the Federal Government in managing the Medicaid program; to the Committee on Energy and Commerce.

By Ms. SUTTON (for herself, Mr. MCKINLEY, Mr. LIPINSKI, Mr. BISHOP of New York, Mr. JONES, Mr. BRALEY of Iowa, Mr. DEFazio, Mr. MICHAUD, Ms. DELAURO, Mr. SARBANES, Mr. COHEN, Mr. YARMUTH, Mr. GEORGE MILLER of California, Mr. LYNCH, Ms. KAPTUR, Mr. GENE GREEN of Texas, Ms. LINDA T. SANCHEZ of California, Ms. HIRONO, Mr. MURPHY of Connecticut, Mr. OLVER, Mr. ANDREWS, Ms. EDWARDS, Mr. LEWIS of Georgia, Mr. TONKO, Mr. COURTNEY, Mr. DINGELL, Mr. FILNER, Mr. GARAMENDI, Mr. DOYLE, Ms. SCHAKOWSKY, and Ms. PINGREE of Maine):

H.R. 1684. A bill to require the use of American iron, steel, and manufactured goods in the construction, alteration, and repair of public water systems and treatment works; to the Committee on Energy and Commerce, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BIGGERT (for herself, Mr. MARKEY, Mr. MCNERNEY, and Ms. ESHOO):

H.R. 1685. A bill to establish programs to accelerate, provide incentives for, and examine the challenges and opportunities associated with the deployment of electric drive vehicles, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Transportation and Infrastructure, Oversight and Government Reform, Ways and Means, and the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SHIMKUS (for himself, Mr. KINZINGER of Illinois, and Mr. RUSH):

H.R. 1686. A bill to designate the facility of the United States Postal Service located at 200 South Morgan Street in Shelbyville, Illinois, as the "Jesse M. Donaldson Post Office"; to the Committee on Oversight and Government Reform.

By Mr. SHIMKUS (for himself, Mr. ENGEL, Mr. BARTLETT, and Mr. ISRAEL):

H.R. 1687. A bill to amend chapter 329 of title 49, United States Code, to ensure that new vehicles enable fuel competition so as to reduce the strategic importance of oil to the United States; to the Committee on Energy and Commerce.

By Mr. RUNYAN:

H.R. 1688. A bill to provide for pay parity for civilian employees serving at joint military installations; to the Committee on Oversight and Government Reform.

By Mr. BISHOP of New York (for himself, Mr. FILNER, Ms. SCHWARTZ, Ms. LEE of California, Ms. HIRONO, Mrs. MALONEY, Mr. ENGEL, Mr. CARNEY, Mr. MCGOVERN, Mr. ROTHMAN of New Jersey, Ms. MOORE, Ms. LINDA T. SANCHEZ of California, Mr. ACKERMAN, Mr. DEUTCH, Mr. BLUMENAUER, Mr. JACKSON of Illinois, Mr. RUSH, Mr. YARMUTH, Mr. VAN HOLLEN, Mr. HOLT, Ms. CASTOR of Florida, Mr. JOHNSON of Georgia, Mr. CARNAHAN, Mr. HINCHEY, Mr. WELCH, Mr. KILDEE, Mr. TONKO, Mr. FARR, Ms. HANABUSA, Mr. QUIGLEY, Mr. CICILLINE, Mrs. LOWEY, Mr. KEATING, Mr. CONYERS, Mr. NADLER, Ms. KAPTUR, Ms. NORTON, Mr. BRADY of Pennsylvania, Mrs. CAPPS, Ms. BASS of California, Ms. MCCOLLUM, Mr. BRALEY of Iowa, Mr. MEEKS, Ms. SLAUGHTER, Mr. GEORGE MILLER of California, Mr. GRIJALVA, Mr. ISRAEL, Ms. ROYBAL-ALLARD, Mr. ANDREWS, Mr. HIGGINS, Ms. SUTTON, and Mr. SERRANO):

H.R. 1689. A bill to amend the Internal Revenue Code of 1986 to disallow the deduction for income attributable to domestic production activities with respect to oil and gas activities of major integrated oil companies; to the Committee on Ways and Means.

By Mr. ROGERS of Alabama (for himself, Mr. MCCAUL, Mr. WALSH of Illinois, and Mr. BROOKS):

H.R. 1690. A bill to amend titles 49 and 46, United States Code, and the Homeland Security Act of 2002 to provide for certain improvements in surface transportation security, and for other purposes; to the Committee on Homeland Security.

By Ms. RICHARDSON:

H.R. 1691. A bill to clarify the application of section 14501(d) of title 49, United States Code, to prevent the imposition of unreasonable transportation terminal fees; to the Committee on Transportation and Infrastructure.

By Ms. HIRONO:

H.R. 1692. A bill to amend part D of title V of the Elementary and Secondary Education

Act of 1965 to provide grants to schools for the development of asthma management plans and the purchase of asthma medications and devices for emergency use, as necessary; to the Committee on Education and the Workforce.

By Mr. CARNEY:

H.R. 1693. A bill to amend the Internal Revenue Code of 1986 to make the research credit permanent and to increase the alternative simplified research credit; to the Committee on Ways and Means.

By Mr. ENGEL:

H.R. 1694. A bill to require the President to issue guidance on Federal response to a large-scale nuclear disaster; to the Committee on Transportation and Infrastructure.

By Ms. ESHOO (for herself, Mr. WAXMAN, Mr. MARKEY, Ms. MATSUI, and Ms. WOOLSEY):

H.R. 1695. A bill to amend title 23, United States Code, to direct the Secretary of Transportation to require that broadband conduit be installed as part of certain highway construction projects, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. GERLACH:

H.R. 1696. A bill to establish an Office of Public Advocate within the Department of Justice to provide services and guidance to citizens in dealing with concerns involving the Federal Energy Regulatory Commission, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LUETKEMEYER:

H.R. 1697. A bill to enhance the ability of community banks to foster economic growth and serve their communities, boost small businesses, increase individual savings, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on Financial Services, and Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. MYRICK:

H.R. 1698. A bill to amend the Immigration and Nationality Act to increase penalties for employing illegal aliens; to the Committee on the Judiciary.

By Mr. POE of Texas (for himself and Mr. WEST):

H.R. 1699. A bill to prohibit assistance to Pakistan; to the Committee on Foreign Affairs.

By Mr. PRICE of Georgia (for himself and Mr. SESSIONS):

H.R. 1700. A bill to amend title XVIII of the Social Security Act to establish a Medicare payment option for patients and physicians or practitioners to freely contract, without penalty, for Medicare fee-for-service items and services, while allowing Medicare beneficiaries to use their Medicare benefits; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POLIS:

H.R. 1701. A bill to designate certain lands in the State of Colorado as components of the National Wilderness Preservation System, to designate the Red Table Mountain, Pisgah Mountain, Castle Peak, Tenmile, Hoosier Ridge, and Porcupine Gulch Special Management Areas, and for other purposes; to the Committee on Natural Resources.

By Mr. QUIGLEY (for himself, Mr. WALZ of Minnesota, and Mr. PETERS):
H.R. 1702. A bill to amend the Internal Revenue Code of 1986 to allow the mortgage interest deduction with respect to boats only if the boat is used as the principal residence of the taxpayer; to the Committee on Ways and Means.

By Mr. VISCLOSKEY (for himself and Mr. MURPHY of Pennsylvania):

H.R. 1703. A bill to require certain Federal agencies to use iron and steel produced in the United States in carrying out projects for the construction, alteration, or repair of a public building or public work, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. WOOLSEY:

H.R. 1704. A bill to direct the Secretary of Education to establish an award program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education; to the Committee on Education and the Workforce.

By Ms. JACKSON LEE of Texas (for herself, Mr. KINGSTON, Mr. RUPPERSBERGER, Mr. DICKS, Ms. KAPTUR, Mr. LIPINSKI, Mr. REYES, Mr. JONES, Mr. LANCE, Mr. WILSON of South Carolina, Mr. LOEBSACK, Mr. WEST, Mrs. MALONEY, Mr. TIERNEY, Mr. MCCAUL, Mr. CUELLAR, Mr. CUMMINGS, Mr. HOYER, Mr. COHEN, Mr. SERRANO, Ms. VELÁZQUEZ, Mr. GONZALEZ, Mr. BOSWELL, Mr. HINOJOSA, Mr. LEWIS of Georgia, Mr. BISHOP of Georgia, Mr. LARSON of Connecticut, Ms. RICHARDSON, Ms. BASS of California, Mr. SMITH of Washington, Mr. SHULER, Mr. LYNCH, Mr. BOREN, Mr. BARROW, Mrs. SCHMIDT, Mr. MATHESON, Mr. SMITH of Nebraska, Mr. CHANDLER, Mr. ROSS of Arkansas, Mr. RANGEL, and Ms. BERKLEY):

H. Res. 240. A resolution commending President Barack Obama and the men and women of the military and intelligence agencies for the successful completion of the operation that led to the death of Osama bin Laden; to the Committee on Armed Services, and in addition to the Committees on Intelligence (Permanent Select), and Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MCCOTTER:

H. Res. 241. A resolution honoring the members of the United States Armed Forces, the intelligence community, and the Obama and Bush Administrations whose dedicated service brought the murderous terrorist leader Osama bin Laden to justice; to the Committee on Armed Services, and in addition to the Committee on Intelligence (Permanent Select), for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. BASS of California (for herself and Mr. McDERMOTT):

H. Res. 242. A resolution recognizing May as "National Foster Care Month"; to the Committee on Ways and Means.

By Ms. CHU (for herself, Mr. WU, Ms. LEE of California, Ms. MATSUI, Mr. HONDA, Mr. STARK, Mr. McDERMOTT, Ms. RICHARDSON, Ms. SPEIER, Mr.

FALEOMAVAEGA, Mr. SCHIFF, Mrs. CHRISTENSEN, Mr. TOWNS, Mr. JACKSON of Illinois, Mr. AL GREEN of Texas, Mr. ELLISON, Mr. RUSH, Mr. CLAY, Mrs. DAVIS of California, Mr. SCOTT of Virginia, Mr. GEORGE MILLER of California, Mr. SABLON, Mr. NADLER, Ms. BORDALLO, Mr. CROWLEY, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HINOJOSA, Mrs. MALONEY, Ms. HANABUSA, Mr. CONNOLLY of Virginia, Ms. HIRONO, Ms. WOOLSEY, Mr. LARSON of Connecticut, Mr. ROTHMAN of New Jersey, Mr. FILNER, Mr. LEWIS of Georgia, Ms. MCCOLLUM, Mr. BLUMENAUER, Ms. ZOE LOFGREN of California, Ms. ROYBAL-ALLARD, Mr. CLARKE of Michigan, Mr. BECERRA, Mr. CONYERS, Ms. SCHAKOWSKY, and Mr. McNERNEY):

H. Res. 243. A resolution celebrating Asian/Pacific American Heritage Month; to the Committee on Oversight and Government Reform.

By Mr. HASTINGS of Florida:

H. Res. 244. A resolution expressing the sense of the House of Representatives that a Palestinian government which includes Hamas should be prohibited from receiving United States aid until that government publicly commits to the Quartet principles; to the Committee on Foreign Affairs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. STARK:

H.R. 1681.

Congress has the power to enact this legislation pursuant to the following:

Clause 1, Section 8 of article I of the Constitution

Section 5 of Amendment XIV to the Constitution

By Mr. ROSS of Arkansas:

H.R. 1682.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the United States Constitution which states that Congress has the power "... To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes."

By Mr. GINGREY of Georgia:

H.R. 1683.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this legislation is based is found in Article I, Section 8, Clause 1 of the Constitution which grants Congress the power to provide for the general Welfare of the United States.

By Ms. SUTTON:

H.R. 1684.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the United States Constitution.

By Mrs. BIGGERT:

H.R. 1685.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. SHIMKUS:

H.R. 1686.

Congress has the power to enact this legislation pursuant to the following:

The Constitutional authority on which this bill rests is the power of Congress to establish post offices and post roads as enumerated in Article I, Section 8, Clause 7 of the United States Constitution.

By Mr. SHIMKUS:

H.R. 1687.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is the power of Congress as stated in Article I, Section 8 Clause 3 of the United States Constitution.

By Mr. RUNYAN:

H.R. 1688.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8

By Mr. BISHOP of New York:

H.R. 1689.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Sec. 8, Clause 1 and the 16th Amendment

By Mr. ROGERS of Alabama:

H.R. 1690.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to Article I, Section 8, Clause 1 of the Constitution of the United States and Article I, Section 8, Clause 18 of the Constitution of the United States.

By Ms. RICHARDSON:

H.R. 1691.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Ms. HIRONO:

H.R. 1692.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. CARNEY:

H.R. 1693.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of section 8 of article I of the Constitution

By Mr. ENGEL:

H.R. 1694.

Congress has the power to enact this legislation pursuant to the following:

The bill is enacted pursuant to the power granted to Congress under the following provisions of the United States Constitution:

Article I, Section 1;

Article I, Section 8, Clause 1;

Article I, Section 8, Clause 3; and

Article I, Section 8, Clause 18.

By Ms. ESHOO:

H.R. 1695.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1:

"The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States."

Article I, Section 8, Clause 18:

"To make all laws which shall be necessary and proper."

By Mr. GERLACH:

H.R. 1696.

Congress has the power to enact this legislation pursuant to the following:

The Congress enacts this bill pursuant to Clause 18 of Section 8 of Article I of the United States Constitution.

By Mr. LUETKEMEYER:

H.R. 1697.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is the explicit power of Congress to regulate commerce in and among the states, as enumerate in Article 1, Section 8, Clause 3, the Commerce Clause, of the United States Constitution.

Additionally, the constitutional authority on which the tax provisions of this bill rest is the power of Congress to explicitly lay and collect taxes, duties, imposts and excises, to pay the Debts and provide for the common defense and general welfare of the United States; and therefore implicitly allows Congress to reduce taxes; as enumerated in Article 1, Section 8, Clause 1 of the United States Constitution.

By Mrs. MYRICK:

H.R. 1698.

Congress has the power to enact this legislation pursuant to the following:

Clause 4 of Section 18 of Article 1 of the US Constitution

By Mr. POE of Texas:

H.R. 1699.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 and Article I, Section 9, Clause 7

By Mr. PRICE of Georgia:

H.R. 1700.

Congress has the power to enact this legislation pursuant to the following:

The Fifth Amendment provides that no person shall be deprived of life, liberty, or property, without due process of law. This bill ensures that the rights of Medicare beneficiaries to independently contract are not infringed by the federal government.

By Mr. POLIS:

H.R. 1701.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority of Congress to enact this legislation is provided by Article I, section 8 of the United States Constitution, specifically clause 1 (relating to the power of Congress to provide for the general welfare of the United States) and clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress), and Article IV, section 3, clause 2 (relating to the power of Congress to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States).

By Mr. QUIGLEY:

H.R. 1702.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution.

By Mr. VISCLOSKEY:

H.R. 1703.

Congress has the power to enact this legislation pursuant to the following:

Clause 3 of Section 8 of Article I of the Constitution

By Ms. WOOLSEY:

H.R. 1704.

Congress has the power to enact this legislation pursuant to the following:

This bill is introduced under the powers granted to Congress under Article 1 of the Constitution.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 5: Mr. NUNNELEE, Mr. GARDNER, and Mr. WOMACK.

H.R. 10: Mrs. BLACK.

H.R. 25: Mr. ROE of Tennessee.

H.R. 49: Mr. GARY G. MILLER of California and Mr. FLEISCHMANN.

H.R. 96: Mr. FARENTHOLD.

H.R. 100: Mr. FRANKS of Arizona, and Mr. ROSS of Florida.

H.R. 104: Mr. GEORGE MILLER of California, Mr. CONNOLLY of Virginia, Mr. KINGSTON, and Mr. CARNAHAN.

H.R. 140: Mr. ADERHOLT.

H.R. 149: Mr. DUNCAN of Tennessee and Mr. ROSS of Florida.

H.R. 150: Mr. DUNCAN of Tennessee and Mr. ROSS of Florida.

H.R. 166: Mr. RYAN of Wisconsin.

H.R. 177: Mr. FLORES.

H.R. 178: Mr. TIERNEY, Mr. GONZALEZ, Ms. PINGREE of Maine, Mr. CUMMINGS, Mr. MILLER of Florida, Mr. PLATTS, Mr. STIVERS, Mr. CICILLINE, Mrs. DAVIS of California, Mr. POSEY, and Mr. GRIFFIN of Arkansas.

H.R. 181: Mr. PLATTS, Mr. STIVERS, Mr. POSEY, and Mr. WEST.

H.R. 198: Mr. WEST.

H.R. 208: Mr. STIVERS.

H.R. 219: Mr. AUSTRIA.

H.R. 234: Mr. GRIFFIN of Arkansas and Mr. WESTMORELAND.

H.R. 245: Mr. JONES.

H.R. 320: Mr. ISSA, Mr. CRENSHAW, Mr. BILBRAY, Mr. LEWIS of California, Mrs. BLACKBURN, Mr. GARY G. MILLER of California, Mr. BACA, Mr. DICKS, Mr. BURTON of Indiana, Mr. PETERSON, Mr. McKEON, Mr. THORNBERRY, and Mr. CAMPBELL.

H.R. 365: Mr. LONG.

H.R. 371: Mr. HULTGREN.

H.R. 421: Mr. HUIZENGA of Michigan, Mr. ROE of Tennessee, Mr. CARTER, Mr. CULBERSON, and Mrs. LUMMIS.

H.R. 452: Mr. DAVIS of Kentucky, Mr. JOHNSON of Ohio, and Mr. CANSECO.

H.R. 458: Mr. CONYERS, Ms. FUDGE, Ms. ZOE LOFGREN of California, and Mr. PAYNE.

H.R. 459: Mr. TIERNEY, Mr. YARMUTH, Mr. STARK, Mr. RUNYAN, and Mr. HUELSKAMP.

H.R. 469: Mr. RUSH.

H.R. 520: Mr. COHEN.

H.R. 521: Mr. FARR.

H.R. 546: Ms. BROWN of Florida, Mr. GARY G. MILLER of California, Mr. COLE, Mr. TURNER, Mr. ELLISON, Mrs. BIGGERT, and Mr. BAR-
TON of Texas.

H.R. 567: Mr. HANNA.

H.R. 574: Mr. FRANK of Massachusetts.

H.R. 598: Mr. VAN HOLLEN.

H.R. 601: Mr. PETERS.

H.R. 612: Mr. BLUMENAUER.

H.R. 613: Ms. SUTTON.

H.R. 615: Mr. GRAVES of Georgia, Mr. HANNA, Mr. LANKFORD, Mrs. BLACKBURN, and Mrs. ADAMS.

H.R. 634: Mr. McCOTTER.

H.R. 676: Mr. WELCH.

H.R. 687: Mr. GINGREY of Georgia.

H.R. 693: Mr. BARLETTA.

H.R. 758: Mr. KLINE.

H.R. 763: Mr. SHUSTER and Mr. OWENS.

H.R. 764: Ms. GRANGER and Mr. HULTGREN.

H.R. 777: Mr. TERRY and Ms. PINGREE of Maine.

H.R. 780: Mr. DAVIS of Illinois.

H.R. 820: Ms. CHU, Mr. CONYERS, Mr. PAS-
TOR of Arizona, and Mr. RYAN of Ohio.

H.R. 822: Mrs. ROBY, Mr. RIGELL, and Mr. CRAWFORD.

H.R. 831: Ms. SCHWARTZ.

H.R. 835: Mr. REICHERT.

H.R. 860: Ms. SUTTON, Mrs. NAPOLITANO, Mr. PASCRELL, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. SCHOCK, Mr. PAUL, Mr. FARR, Mr. LEWIS of Georgia, Mr. McDERMOTT, Mr. GONZALEZ, Mr. CAPUANO, Mr. COURTNEY, Ms. LEE of California, Ms. DELAUBO, Ms. ROS-
LEHTINEN, Mr. JOHNSON of Georgia, Mr.

MORAN, Mr. FRANK of Massachusetts, Mr. YARMUTH, and Mr. LUETKEMEYER.

H.R. 870: Ms. JACKSON LEE of Texas, Mr. JOHNSON of Georgia, Mr. GRIJALVA, and Mr. PAYNE.

H.R. 883: Mr. PAYNE.

H.R. 885: Ms. PINGREE of Maine and Ms. BALDWIN.

H.R. 890: Mr. ROSS of Florida, Mr. PENCE, Mr. ROTHMAN of New Jersey, Mr. VAN HOLLEN, Mrs. MYRICK, and Mr. SCHIFF.

H.R. 895: Ms. JENKINS.

H.R. 931: Mr. ROSS of Florida.

H.R. 948: Mr. COHEN.

H.R. 964: Ms. CHU, Mr. CICILLINE, Ms. SLAUGHTER, Mr. RUSH, and Mr. ROTHMAN of New Jersey.

H.R. 969: Mr. MARCHANT.

H.R. 971: Mr. RUPPERSBERGER.

H.R. 972: Ms. JENKINS, Mr. NUGENT, and Mr. SCALISE.

H.R. 991: Mr. WITTMAN, Mr. CONAWAY, Mr. CARTER, and Mr. SIMPSON.

H.R. 993: Mr. NEUGEBAUER.

H.R. 998: Mr. REYES and Mr. WALZ of Min-
nesota.

H.R. 1001: Ms. WOOLSEY, Mr. MCGOVERN, Mr. ACKERMAN, Mr. WEINER, Mr. DEUTCH, and Mr. BACA.

H.R. 1004: Mr. MURPHY of Connecticut and Mr. GERLACH.

H.R. 1005: Mr. TIERNEY.

H.R. 1006: Mr. DOLD.

H.R. 1041: Mr. JOHNSON of Ohio, Mr. ISRAEL, and Mrs. MILLER of Michigan.

H.R. 1057: Ms. RICHARDSON, Mr. CONYERS, Mr. CHANDLER, Mrs. EMERSON, and Ms. CAS-
TOR of Florida.

H.R. 1105: Ms. RICHARDSON, Mr. HIGGINS, Ms. BORDALLO, Mr. FILNER, and Ms. MOORE.

H.R. 1112: Mr. HENSARLING.

H.R. 1130: Mr. PLATTS.

H.R. 1134: Mr. GRIFFIN of Arkansas and Mr. ROSS of Florida.

H.R. 1154: Mr. DOLD.

H.R. 1167: Mr. LANKFORD and Mr. LAMBORN.

H.R. 1173: Mr. BURTON of Indiana.

H.R. 1181: Mrs. MILLER of Michigan.

H.R. 1183: Mr. FARR.

H.R. 1185: Mr. PAUL.

H.R. 1206: Mr. WALBERG, Mr. KINZINGER of Illinois, and Mr. RIBBLE.

H.R. 1208: Mr. SARBANES, Ms. KAPTUR, and Mr. FILNER.

H.R. 1211: Mr. KING of Iowa.

H.R. 1254: Mr. DOLD.

H.R. 1259: Mr. POMPEO, Mr. RENACCI, Mr. LAMBORN, and Mr. KELLY.

H.R. 1293: Ms. MCCOLLUM, Mr. GRIJALVA, Mr. RUSH, and Mr. MCGOVERN.

H.R. 1319: Mr. FARR.

H.R. 1325: Mr. ROSS of Arkansas and Mr. BARROW.

H.R. 1334: Mr. STARK.

H.R. 1342: Mr. DESJARLAIS, Mr. COSTELLO, and Mr. INSLEE.

H.R. 1356: Mr. ROSS of Florida.

H.R. 1370: Mr. SCHWEIKERT.

H.R. 1380: Mr. COFFMAN of Colorado.

H.R. 1385: Mr. PETRI.

H.R. 1386: Mr. PAYNE.

H.R. 1391: Mr. CHAFFETZ, Mr. DUNCAN of South Carolina, Mr. SMITH of Nebraska, Mr. BOSWELL, and Ms. JENKINS.

H.R. 1397: Mr. PAYNE.

H.R. 1398: Mr. KINZINGER of Illinois.

H.R. 1407: Mr. LOBIONDO.

H.R. 1409: Mr. DUNCAN of Tennessee.

H.R. 1422: Mr. COURTNEY.

H.R. 1441: Mr. LOEBSACK.

H.R. 1448: Mr. CONYERS and Mr. VAN HOLLEN.

H.R. 1456: Mr. WELCH.

H.R. 1474: Mr. HALL.

H.R. 1475: Ms. MCCOLLUM and Mr. ELLISON.

H.R. 1479: Mr. PETRI.

H.R. 1501: Mr. JOHNSON of Ohio.

H.R. 1523: Mr. WU, Mr. KILDEE, Mr. PLATTS, Mr. COHEN, and Mr. DIAZ-BALART.

H.R. 1525: Mr. HINOJOSA.
 H.R. 1536: Mr. CANSECO.
 H.R. 1541: Mr. MCCOTTER.
 H.R. 1545: Mr. FARENTHOLD.
 H.R. 1558: Mr. AUSTIN Scott of Georgia, Mr. CANSECO, and Mr. KISSELL.
 H.R. 1571: Mr. LUETKEMEYER.
 H.R. 1573: Mr. JOHNSON of Illinois, Mr. NEUGEBAUER, Mrs. SCHMIDT, Mr. THOMPSON of Pennsylvania, Mr. CRAWFORD, Mrs. ELLMERS, Mr. GIBBS, Mr. GIBSON, Mr. HULTGREN, Mr. RIBBLE, Mr. AUSTIN SCOTT of Georgia, Mr. KINGSTON, Mr. HENSARLING, Mr. HANNA, and Ms. JENKINS.
 H.R. 1574: Mr. COSTELLO, Mr. FILNER, Mr. WAXMAN, Mr. MORAN, Mr. PAYNE, Mr. OLVER, and Mr. JACKSON of Illinois.
 H.R. 1588: Mr. HASTINGS of Florida and Mr. LUETKEMEYER.
 H.R. 1596: Mr. NADLER, Mr. GRIJALVA, and Mrs. CAPPS.
 H.R. 1605: Mr. RENACCI.
 H.R. 1620: Mr. COFFMAN of Colorado.
 H.R. 1639: Mr. ROGERS of Kentucky, Mr. PAUL, and Mr. ROSS of Florida.
 H.R. 1646: Mr. MICA.
 H.R. 1655: Mr. SIRE.
 H.R. 1675: Mr. TIBERI.
 H.J. Res. 42: Mr. HUNTER and Mr. GRIFFITH of Virginia.
 H.J. Res. 56: Mr. AMASH and Mrs. MILLER of Michigan.

H. Con. Res. 25: Mr. PLATTS.
 H. Con. Res. 39: Mr. WESTMORELAND.
 H. Con. Res. 40: Mr. LEVIN.
 H. Res. 25: Mr. BISHOP of Utah, Mrs. MCCARTHY of New York, Mr. BROOK, Mr. WALSH of Illinois, and Mr. CLEAVER.
 H. Res. 81: Mr. HOLT.
 H. Res. 137: Mr. HONDA and Ms. PINGREE of Maine.
 H. Res. 208: Mr. DUNCAN of Tennessee.
 H. Res. 209: Mr. DUNCAN of Tennessee.
 H. Res. 227: Mr. HINOJOSA, Mr. HOLDEN, Ms. SUTTON, Mr. PAYNE, Mr. DEUTCH, Mr. ROTHMAN of New Jersey, Mr. LEVIN, and Mr. HOLT.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1081: Mr. WILSON of South Carolina.

AMENDMENTS

Under clause 8 of rule XVIII, proposed amendments were submitted as follows:

H.R. 1229

OFFERED BY: MR. BUCHANAN

AMENDMENT NO. 1: At the end of the bill add the following new title:

TITLE —DENIAL OF LEASES AND PERMITS FOR ENGAGING IN ACTIVITIES WITH FOREIGN GOVERNMENTS SUBJECT TO EMBARGO

SEC. — 01. AUTHORITY TO DENY OIL AND GAS LEASES AND PERMITS TO PERSONS WHO ENGAGE IN ACTIVITIES WITH CERTAIN FOREIGN COUNTRIES.

Section 8(Q) of the Outer Continental Shelf Lands Act (43 U.S.C. 1337(a)) is amended by adding at the end the following:

“(9) The Secretary may deny issuance of an oil and gas lease under this Act, or a permit for exploration, development, or production under such a lease, to any person that has engaged in activities with the government of any foreign country that is subject to any sanction or an embargo established by the Government of the United States, including any sanction or embargo established under section 203 of the Emergency Economic Powers Act (50 U.S.C. 1702).”.